

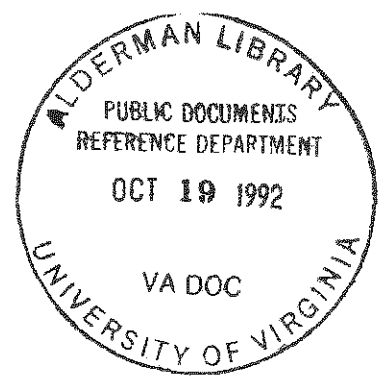
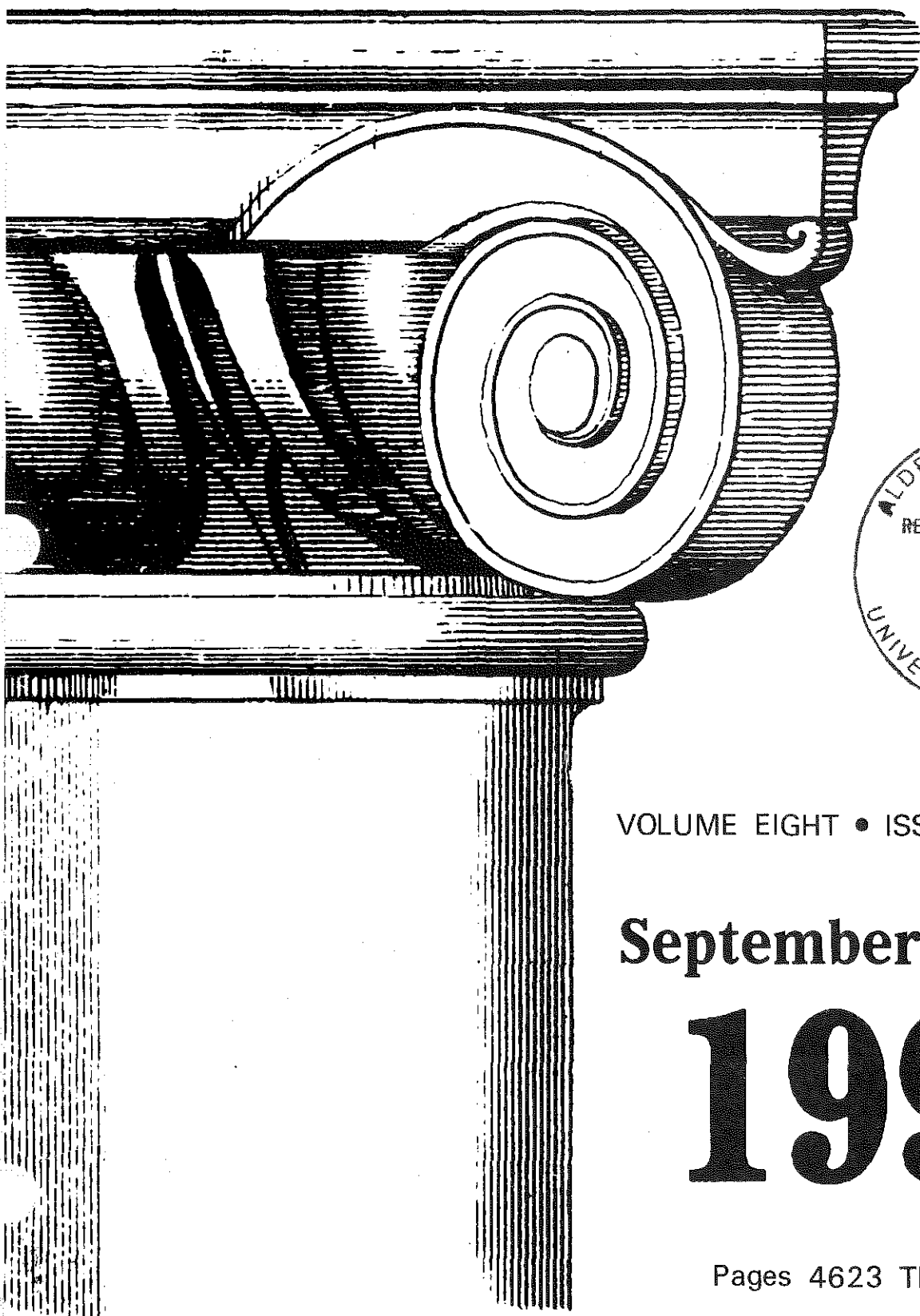
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THE VIRGINIA REGISTER

OF REGULATIONS

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September 21, 1992

1992

Pages 4623 Through 4756

VIRGINIA REGISTER

The *Virginia Register* is an official state publication issued every other week throughout the year. Indexes are published quarterly, and the last index of the year is cumulative.

The *Virginia Register* has several functions. The full text of all regulations, both as proposed and as finally adopted or changed by amendment are required by law to be published in the *Virginia Register of Regulations*.

In addition, the *Virginia Register* is a source of other information about state government, including all Emergency Regulations issued by the Governor, and Executive Orders, the *Virginia Tax Bulletin* issued periodically by the Department of Taxation, and notices of all public hearings and open meetings of state agencies.

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

An agency wishing to adopt, amend, or repeal regulations must first publish in the *Virginia Register* a notice of proposed action; a basis, purpose, impact and summary statement; a notice giving the public an opportunity to comment on the proposal, and the text of the proposed regulations.

Under the provisions of the Administrative Process Act, the Registrar has the right to publish a summary, rather than the full text, of a regulation which is considered to be too lengthy. In such case, the full text of the regulation will be available for public inspection at the office of the Registrar and at the office of the promulgating agency.

Following publication of the proposal in the *Virginia Register*, sixty days must elapse before the agency may take action on the proposal.

During this time, the Governor and the General Assembly will review the proposed regulations. The Governor will transmit his comments on the regulations to the Registrar and the agency and such comments will be published in the *Virginia Register*.

Upon receipt of the Governor's comment on a proposed regulation, the agency (i) may adopt the proposed regulation, if the Governor has no objection to the regulation; (ii) may modify and adopt the proposed regulation after considering and incorporating the Governor's suggestions, or (iii) may adopt the regulation without changes despite the Governor's recommendations for change.

The appropriate standing committee of each branch of the General Assembly may meet during the promulgation or final adoption process and file an objection with the *Virginia Registrar* and the promulgating agency. The objection will be published in the *Virginia Register*. Within twenty-one days after receipt by the agency of a legislative objection, the agency shall file a response with the Registrar, the objecting legislative Committee, and the Governor.

When final action is taken, the promulgating agency must again publish the text of the regulation, as adopted, highlighting and explaining any substantial changes in the final regulation. A thirty-day final adoption period will commence upon publication in the *Virginia Register*.

The Governor will review the final regulation during this time and if he objects, forward his objection to the Registrar and the agency. His objection will be published in the *Virginia Register*. If the Governor finds that changes made to the proposed regulation are substantial, he may suspend the regulatory process for thirty days and require the agency to solicit additional public comment on the substantial changes.

A regulation becomes effective at the conclusion of this thirty-day final adoption period, or at any other later date specified by the promulgating agency, unless (i) a legislative objection has been filed, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall

be after the expiration of the twenty-one day extension period; or (ii) the Governor exercises his authority to suspend the regulatory process for solicitation of additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified which date shall be after the expiration of the period for which the Governor has suspended the regulatory process.

Proposed action on regulations may be withdrawn by the promulgating agency at any time before the regulation becomes final.

EMERGENCY REGULATIONS

If an agency determines that an emergency situation exists, it then requests the Governor to issue an emergency regulation. The emergency regulation becomes operative upon its adoption and filing with the Registrar of Regulations, unless a later date is specified. Emergency regulations are limited in time and cannot exceed a twelve-months duration. The emergency regulations will be published as quickly as possible in the *Virginia Register*.

During the time the emergency status is in effect, the agency may proceed with the adoption of permanent regulations through the usual procedures (See "Adoption, Amendment, and Repeal of Regulations," above). If the agency does not choose to adopt the regulations, the emergency status ends when the prescribed time limit expires.

STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 of Chapter 1.1:1 (§§ 9-6.14:6 through 9-6.14:9) of the Code of Virginia be examined carefully.

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NOTICES OF INTENDED REGULATORY ACTION

Symbol Key †

† Indicates entries since last publication of the Virginia Register

STATE AIR POLLUTION CONTROL BOARD

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Air Pollution Control Board intends to consider amending regulations entitled: **VR 120-01. Regulations for the Control and Abatement of Air Pollution—Incorporating Requirements of Title V of the Clean Air Act.** The purpose of the proposed action is to amend § 120-08-04 to incorporate the requirements of Title V of the Clean Air Act, as amended in November 1990.

Public meeting: A public meeting will be held by the Department in House Committee Room One, State Capitol Building, Richmond, Virginia, at 10 a.m. on November 18, 1992, to discuss the intended action. Unlike a public hearing, which is intended only to receive testimony, this meeting is being held to discuss and exchange ideas and information relative to regulation development.

Ad hoc advisory group: The Department will form an ad hoc advisory group to assist in the development of the regulation. If you desire to be on the group, notify the agency contact in writing by close of business October 21, 1992, and provide your name, address, phone number and the organization you represent (if any). Facsimile copies will be accepted only if followed by receipt of the original within three business days. Notification of the composition of the ad hoc advisory group will be sent to all applicants by November 4, 1992. If you are selected to be on the group, you are encouraged to attend the public meeting mentioned above and any subsequent meetings that may be needed to develop the draft regulation. The primary function of the group is to develop recommended regulation amendments for Department consideration through the collaborative approach of regulatory negotiation and consensus.

Federal statutory requirements: Title V of the Clean Air Act (the Act) as amended November 1990 provides a mechanism to implement the various requirements under the other titles in the Act through the issuance of operating permits. Under this title, the U.S. Environmental Protection Agency (EPA) is required to develop regulations with specific operating permit requirements. The federal regulations (40 CFR Part 70) were promulgated in final form on July 21, 1992. The states are required, in turn, to develop operating permit programs that meet the requirements specified in EPA's regulations. These programs are due to EPA for review by November 15, 1993.

The operating permits issued under this program should enhance the ability of EPA, the states, and citizens to enforce the requirements of the Act; clarify for the permitted sources exactly which air quality requirements apply; and also aid in implementing the Act by providing states with permit fees to support their programs.

A permit sets out for both the Department and the owner the regulatory requirements appropriate to that source's operation. The benefits are that the operator or owner knows what requirements must be fulfilled and the Department has an agreement with the owner through the permit that these requirements will be carried out. It enables the Department to more efficiently and effectively carry out its source surveillance activities while providing a clear mandate for each source on what its responsibility entails. An operating permit inclusive of all requirements pertaining to the source ensures that the owner of the source is fully informed of all applicable state and federal regulations. The operating permit program provides that both the Department and the owner conduct a periodic review of polluting activities to ensure that effective emission reductions are taking place.

At all facilities, operating conditions change over time, new technologies become available, and new regulatory requirements are developed that may necessarily change original permit conditions. Operating permits provide a mechanism to adapt to these changing conditions.

Owners of sources subject to compliance programs through new regulatory initiatives or other air quality planning requirements must sign a consent order which is, in effect, an agreement between the Department and the owner for the source to meet those initiatives or requirements. An operating permit program supplants the use of consent orders under these conditions and removes the negative connotation that comes with signed consent orders. Consent orders are generally used after a facility has been found in violation of the regulations when the Department needs an enforceable administrative mechanism to ensure that the facility's operation will change to avoid a violation in the future.

Current federal policy allows the use of emissions trading activities by sources to meet emission standards in a more cost effective manner. These activities include bubbling, netting, offsetting and banking. The operating permit provides a mechanism for implementing and enforcing emissions trading activities, provided EPA policy or a state generic policy, as appropriate, is followed. Currently these activities are enforced using consent orders which, as explained above, have a negative connotation.

Notices of Intended Regulatory Action

An operating permit provides the mechanism for the Department to assess any facility's compliance with the air quality standards and regulations that provide a basis to protect human health and the environment. The permit provides a direct enforcement mechanism for the Department to determine a facility's compliance whereas the enforcement of the standards and regulations without the permit is more difficult because specific conditions for the individual facility have not been derived from those standards and regulations.

The public participation requirements of the operating permit program provide an opportunity for citizens to review and to provide comments about the compliance performance of facilities emitting air pollutants along with the Department.

The 1990 amendments create a major change to the approach taken by the U.S. Congress in previous promulgations of the Act. Title V of the Act requires the states to develop operating permit programs to cover all stationary sources defined as major by the Act. Permits issued under these programs must set out standards and conditions that cover all the applicable requirements of the Act for each emission unit at each individual stationary source.

Section 502 (a) requires that the following sources be covered under the provisions of any Title V program:

1. Affected sources as defined under the acid deposition provisions of Title IV of the Act.
2. Major sources, defined as follows:
 - a. any source of air pollutants with the potential to emit 100 tons per year (tpy) or more of any pollutant;
 - b. in nonattainment areas designated as serious, any source emitting 50 tpy or more (in Virginia, the northern Virginia area is designated serious for ozone); for severe or extreme nonattainment areas, sources emitting 25 and 10 tpy, respectively; and
 - c. any source with the potential to emit 10 tpy of any hazardous air pollutant or 25 tpy of any combination of hazardous air pollutants regulated under section 112.
3. Any other source, including an area source, subject to a hazardous air pollutant standard under section 112.
4. Any source subject to new source performance standards under section 111.
5. Any source required to have a preconstruction review permit pursuant to the requirements of the PSD program under Title I, part C or the nonattainment area new source review program under

Title I, part D.

6. Any other stationary source in a category that EPA designates in whole or in part by regulation, after notice and comment.

Section 502 (b) sets out the minimum elements that must be included in each program, as follows:

1. Requirements for permit applications, including standard application forms, compliance plans and criteria for determining the completeness of applications.
2. Monitoring and reporting requirements.
3. A permit fee system.
4. Provisions for adequate personnel and funding to administer the program.
5. Authority to issue permits and assure that each permitted source complies with applicable requirements under the Act.
6. Authority to issue permits for a fixed term, not to exceed five years.
7. Authority to assure that permits incorporate emission limitations in an applicable implementation plan.
8. Authority to terminate, modify, or revoke and reissue permits for cause, which is not further defined, and a requirement to reopen permits in certain circumstances.
9. Authority to enforce permits, permit fees, and the requirement to obtain a permit, including civil penalty authority in a maximum amount of not less than \$10,000 per day, and appropriate criminal penalties.
10. Authority to assure that no permit will be issued if EPA objects to its issuance in a timely fashion.
11. Procedures for (a) expeditiously determining when applications are complete, (b) processing applications, (c) public notice, including offering an opportunity for public comment, and a hearing on applications, (d) expeditious review of permit actions, and (e) state court review of the final permit action.
12. Authority and procedures to provide that the permitting authority's failure to act on a permit or renewal application within the deadlines specified in the Act shall be treated as a final permit action solely to allow judicial review by the applicant or anyone also who participated in the public comment process to compel action on the application.
13. Authority and procedures to make available to the

Notices of Intended Regulatory Action

public any permit application, compliance plan, permit emissions or monitoring report, and compliance report or certification, subject to the confidentiality provisions of section 114(c) of the Act; the contents of the permit itself are not entitled to confidentiality protection.

14. Provisions to allow operational flexibility at the permitted facility.

Section 503 (b) requires that applicants shall submit with the permit application a compliance plan describing how the source will comply with all applicable requirements of the Act. The compliance plan must include a schedule of compliance and a schedule under which the permittee will submit progress reports to the permitting authority no less frequently than every six months. The permittee must also certify that the facility is in compliance with any applicable requirements of the permit no less frequently than annually. The permittee must also promptly report any deviations from permit requirements to the permitting authority.

Section 503 (d) specifies that a source's failure to have an operating permit shall not be a violation of the Act if the source owner submitted a timely and complete application for a permit and if he submitted other information required or requested to process the application in a timely fashion.

Section 503 (e) requires that a copy of each permit application, compliance plan (including the schedule of compliance), emissions or compliance monitoring report, certification, and each permit issued under this title, shall be available to the public. Any information that is required of an applicant to submit and which is entitled to protection from disclosure under section 114 (c) of the Act can be submitted separately.

Section 504 specifies what is to be included in each operating permit issued under this program. Section 504 (a) requires that each permit shall include enforceable emission limitations and standards, a schedule of compliance, a requirement that the permittee submit to the permitting authority, no less often than every six months, the results of any required monitoring, and such other conditions as are necessary to assure compliance with applicable requirements, including the requirements of any state implementation plan.

Section 504 (b) indicates that the EPA administrator may prescribe, by rule, procedures and methods for determining compliance and for monitoring and analysis of pollutants regulated by the Act. Continuous emissions monitoring need not be required if alternative methods are available that provide sufficiently reliable and timely information for determining compliance.

Section 504 (c) requires that each permit issued under the program shall set forth inspection, entry, monitoring, compliance certification, and reporting requirements to

assure compliance with the permit terms and conditions. Such monitoring and reporting requirements shall conform to applicable regulations issued under 504 (b). Any report required to be submitted by a permit issued to a corporation shall be signed by a responsible corporate official, who shall certify its accuracy.

Section 504 (d) allows the state permitting authority to issue a general permit covering numerous similar sources after notice and opportunity for public hearing. Any general permit shall comply with all program requirements. Any source governed by a general permit regulation must still file an application under this program.

Section 504 (e) allows the state permitting authority to issue a single permit authorizing emissions from similar operations at multiple temporary locations. No such permit shall be issued unless it includes conditions that will assure compliance with all the requirements of the Act at all authorized locations, including, but not limited to, ambient standards and compliance with any applicable increment or visibility requirements under the Act. Any such permit shall in addition require the owner or operator to notify the permitting authority in advance of each change in location.

Section 504 (f) provides a permit shield for permittees. This section specifies that compliance with a permit issued in accordance with Title V shall be deemed in compliance with Section 502, or with the program. And unless otherwise provided by the EPA administrator and by rule, the permit may also provide that compliance with the permit shall be deemed compliance with other applicable provisions of the Act that relate to the permittee, if:

1. the permit includes the applicable requirements of those provisions, or
2. the permitting authority in acting on the permit application makes a determination relating to the permittee that such other provisions (which shall be referred to in such determination) are not applicable and the permit includes the determination or a concise summary thereof.

Section 503 (c) specifies that all sources required to be permitted under a Title V program are required to submit an application within 12 months after the date EPA approves the state's program. The state permitting authority may specify an earlier date for submitting applications. The state permitting authority must establish a phased schedule for acting on permit applications submitted within the first full year after program approval, and must act on at least one-third of the permits each year over a period not to exceed three years after approval of the program. After acting on the initial application, the permitting authority must issue or deny a complete application within 18 months after receiving that application.

Section 505 (a) requires the state permitting authority to

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send EPA a copy of each permit application and each permit proposed to be issued. For each permit application or proposed permit sent to EPA, Section 505 (a) also requires the permitting authority to notify all states whose air quality may be affected and that are contiguous to the state in which the emission originates, or that are within 50 miles of the source. This notice must provide an opportunity for these affected states to submit written recommendations respecting the issuance of the permit and its terms and conditions. Section 505 (b) provides for EPA objections to any permit which contains provisions that are not in compliance with the requirements of the Act or with the applicable State Implementation Plan. This section also provides that any person may petition the EPA administrator within 60 days after the expiration of the 45-day review period, if no objections were submitted by the EPA administrator. Furthermore the state permitting authority may not issue the permit if the EPA administrator objects to its issuance unless the permit is revised to meet the objection. If the state permitting authority fails to revise and submit the permit, EPA must issue or deny the permit in accordance with the requirements of Title V. Under section 505 (d), the permit program submitted by the state may not have to meet these requirements for sources other than major sources covered by the program. Section 505 (e) allows the EPA administrator to terminate, modify, or revoke and reissue an operating permit issued under a state's program, if he finds that cause exists for such action.

Statutory Authority: § 10.1-1308 of the Code of Virginia.

Written comments may be submitted until November 20, 1992, to Director of Program Development, Department of Air Pollution Control, P. O. Box 10089, Richmond, VA 23240.

Contact: Nancy S. Saylor, Policy Analyst, Division of Program Development, Department of Air Pollution Control, P.O. Box 10089, Richmond, VA 23240, telephone (804) 786-1249.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Air Pollution Control Board intends to consider amending regulations entitled: **VR 120-01. Regulations for the Control and Abatement of Air Pollution—Permit Fee Requirements.** The purpose of the proposed action is to develop a regulation to meet the permit fee requirements of Title V of the Clean Air Act and of § 10.1-1322 of the Code of Virginia.

Public meeting: A public meeting will be held by the Department in House Committee Room One, State Capitol Building, Richmond, Virginia, at 10 a.m. on November 19, 1992, to discuss the intended action. Unlike a public hearing, which is intended only to receive testimony, this meeting is being held to discuss and exchange ideas and information relative to regulation development.

Ad hoc advisory group: The Department will form an ad hoc advisory group to assist in the development of the regulation. If you desire to be on the group, notify the agency contact in writing by close of business October 21, 1992, and provide your name, address, phone number and the organization you represent (if any). Facsimile copies will be accepted only if followed by receipt of the original within three business days. Notification of the composition of the ad hoc advisory group will be sent to all applicants by November 4, 1992. If you are selected to be on the group, you are encouraged to attend the public meeting mentioned above and any subsequent meetings that may be needed to develop the draft regulation. The primary function of the group is to develop recommended regulation amendments for Department consideration through the collaborative approach of regulatory negotiation and consensus.

Federal and state statutory requirements. Title V of the Clean Air Act (the Act) as amended November 1990 provides a mechanism to implement the various requirements under the other titles in the Act through the issuance of operating permits. Under this title, the U.S. Environmental Protection Agency (EPA) is required to develop regulations with specific operating permit requirements. The federal regulations (40 CFR Part 70) were promulgated in final form on July 21, 1992. The states are required, in turn, to develop operating permit programs that meet the requirements specified in EPA's regulations. These programs are due to EPA for review by November 15, 1993.

One of the requirements of Title V is for states to develop permit fee programs to use in funding the costs of developing, implementing and enforcing the other requirements of Title V. The permit fees obtained should fund the resources necessary for states to carry out their programs. The basis of the required permit fees is a charge per ton of emissions of regulated pollutants emitted by stationary sources covered under Title V. While the permit fee program provides a benefit to state agencies, the program also provides other benefits related to air quality. Permit fees charged for emissions may provide an incentive to stationary sources to keep their emissions as low as possible. The charging of permit fees also more directly allows the costs of the air quality programs to be paid for by those who create the pollution, rather than indirectly through the state taxation system.

The 1990 amendments create a major change to the approach taken by the U.S. Congress in previous promulgations of the Act. Title V of the Act requires the states to develop operating permit programs to cover all stationary sources defined as major by the Act. Permits issued under these programs must set out standards and conditions that cover all the applicable requirements of the Act for each emission unit at each individual stationary source. In addition to requiring that states develop operating permit programs, Congress is also requiring that states develop permit fee programs to pay for the cost of the programs.

Notices of Intended Regulatory Action

Section 502 (b)(3) sets out the minimum elements that must be included in each permit fee program. The owner or operator of all sources subject to the requirement to obtain a permit must pay an annual fee, or the equivalent over some other period, sufficient to cover all reasonable (direct and indirect) costs required to develop and administer the permit program requirements of Title V, including the costs of the small business technical assistance program. Section 502 (b)(3)(A) specifies what is meant by reasonable costs, as follows:

1. Reviewing and acting upon any application for a permit.
2. Implementing and enforcing the terms and conditions of the permit, but not including any court costs or other costs associated with any enforcement action.
3. Emissions and ambient monitoring.
4. Preparing generally applicable regulations or guidance.
5. Modeling, analyses, and demonstrations.
6. Preparing inventories and tracking emissions.

Section 502 (b)(3)(B) specifies the requirements for the total amount of fees to be collected by the state permitting authority, as follows:

1. The state must demonstrate that, except as otherwise provided, the program will collect in the aggregate from all sources subject to the program an amount not less than \$25 per ton of each regulated pollutant, or such other amount as the EPA administrator may determine adequately reflects the reasonable costs of the permit program.
2. "Regulated pollutant" means (a) a volatile organic compound; (b) each pollutant regulated under Section 111 or 112 of the Act; and (c) each pollutant for which a national primary ambient air quality standard has been promulgated (except carbon monoxide).
3. In determining the amount to be collected, the permitting authority is not required to include any amount of regulated pollutant emitted by any source in excess of 4,000 tons per year of that pollutant.
4. The requirements of paragraph 1 above will not apply if the permitting authority can demonstrate that collecting an amount less than \$25 per ton of each regulated pollutant will meet the requirements of 502 (b)(3)(A).
5. The fee calculated under paragraph 1 above shall be increased consistent with the need to cover the reasonable costs authorized by 502 (b)(3)(A) in each year beginning after the year of the enactment of the

Act by the percentage, if any, by which the Consumer Price Index for the most recent calendar year ending before the beginning of such year exceeds the Consumer Price Index for the calendar year 1989.

Section 502 (b)(3)(C) specifies the requirements of a permit fee program if the EPA administrator finds that the fee provisions of a state program are inadequate or if the Title V operating permit program itself is inadequate and EPA has to administer the fee program itself.

Section 507 (f) concerning fees and the Small Business Technical Assistance Program specifies that the state may reduce any fee required under Title V to take into account the financial resources of small business stationary sources.

Section 408 (c)(4) of Title IV concerning sources of acid deposition states that Phase I affected units shall not be required to pay permit fees during the years 1995 through 1999.

The Department has the statutory authority under state law to develop a Title V permit fee program. Section 10.1-1322 of the Air Pollution Control Law of Virginia specifies the supplementary requirements for developing the Title V fee program in Virginia.

Section 10.1-1322 B specifies that the board may require the payment and collection of annual permit program fees for air pollution sources. The law directs that the fees must be based on actual emissions of each regulated pollutant as defined in Section 502 of the Act, in tons per year. The law stipulates that the regulation cannot charge for emissions in excess of 4,000 tons per year of each pollutant for each source. The law restricts the program to obtaining a base year amount of \$25 per ton, using 1990 as the base year. It does allow annual adjustments of this amount using the Consumer Price Index, as directed in Section 502 (b)(3)(B). The fees obtained are to approximate the direct and indirect costs of the program as directed in Section 502 (b)(3)(A).

When adopting regulations for these fees, the board is directed to take into account permit fees charged in neighboring states so that existing or prospective industry in Virginia will not be placed at an economic disadvantage.

Statutory Authority: §§ 10.1-1308 and 10.1-1322 of the Code of Virginia.

Written comments may be submitted until November 20, 1992, to Director of Program Development, Department of Air Pollution Control, P. O. Box 10089, Richmond, VA 23240.

Contact: Kathleen Sands, Policy Analyst, Division of Program Development, Department of Air Pollution Control, P. O. Box 10089, Richmond, VA 23240, telephone 225-2722.

Notices of Intended Regulatory Action

DEPARTMENT OF CORRECTIONS (STATE BOARD OF)

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Corrections intends to consider repealing regulations entitled **VR 230-30-006. Jail Work/Study Release Program Standards**. The purpose of the proposed action is to repeal this regulation effective with the issuance of the revised VR 230-30-001, Minimum Standards for Jails and Lockups.

This regulation is being combined with VR 230-30-001, Minimum Standards for Jails and Lockups. Comment period was published in 8:13 V.A.R. 2107 March 23, 1992.

Statutory Authority: §§ 53.1-5, 53.1-68 and 53.1-131 of the Code of Virginia.

Contact: Mike Howerton, Chief of Operations, 6900 Atmore Drive, Richmond, VA 23225, telephone (804) 674-3041.

DEPARTMENT OF EDUCATION (BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Education intends to consider amending regulations entitled: **VR 270-01-0002. Regulations Governing the Educational Program for Gifted Students**. The purpose of the proposed action is to amend the Regulations Governing the Educational Program for Gifted Students so as to reflect the defined mission of the Department of Education and the current research and literature relative to identification and programming for gifted students.

Statutory Authority: § 22.1-253:13.1 of the Code of Virginia.

Written comments may be submitted until September 24, 1992.

Contact: Ms. Valerie Barrett, Associate Specialist-Gifted Programs, Department of Education, P.O. Box 6-Q, 20th Floor, Richmond, VA 23216, telephone (804) 225-2652.

DEPARTMENT OF GENERAL SERVICES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of General Services intends to consider promulgating regulations entitled: **Aggressive Air Sampling Standards** to be utilized in final clearance inspections for asbestos projects in local education agencies and public colleges and universities in the Commonwealth of Virginia.

Statutory Authority: § 2.1-526.14:1 of the Code of Virginia.

Written comments may be submitted until September 23, 1992.

Contact: Henry G. Shirley, Director, Bureau of Capital Outlay Management, 805 E. Broad St., 8th Floor, Richmond, VA 23219, telephone (804) 786-3581.

DEPARTMENT OF HEALTH (STATE BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Health intends to consider promulgating regulations entitled: **VR 355-40-600. Regulations for the Conduct of Human Research**. The purpose of the proposed action is to establish regulations governing the conduct of research on human subjects by the Virginia Department of Health or any facilities or other entities operated, funded, or licensed by the Department.

Statutory Authority: § 32.1-12.1 of the Code of Virginia.

Written comments may be submitted until September 25, 1992.

Contact: Rosanne Kolesar, Health Programs Analyst, Virginia Department of Health, Room 104 B, 1500 E. Main St., Richmond, VA 23219, telephone (804) 786-5214.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Health intends to consider amending regulations entitled: **VR 355-39-100. Regulations Governing Eligibility Standards and Charges for Medical Care Services**. The purpose of the proposed action is to revise current regulations to more closely conform to eligibility guidelines of other state agencies.

Statutory Authority: § 32.1-11 of the Code of Virginia.

Written comments may be submitted until October 9, 1992.

Contact: Dave Burkett, Health Administrator, P.O. Box 2448, Room 237, Richmond, VA 23218, telephone (804) 371-4089.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Health intends to consider amending regulations entitled: **VR 355-18-000. Waterworks Regulations - Synthetic Organic/Inorganic Chemicals**. The purpose of the proposed action is to make appropriate amendments to make state regulations as stringent as federal Phase V (synthetic organic chemicals and inorganic chemicals).

Notices of Intended Regulatory Action

Statutory Authority: § 32.1-170 of the Code of Virginia.

Written comments may be submitted until October 23, 1992.

Contact: Allen R. Hammer, P.E., Division Director, Virginia Department of Health, Division of Water Supply Engineering, P.O. Box 2448, Richmond, VA 23218, telephone (804) 786-5566.

BOARD OF MEDICINE

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medicine intends to consider amending regulations entitled: **VR 465-02-01. Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, Chiropractic, Clinical Psychology, and Acupuncture.** The purpose of the proposed amendments is to amend §§ 4.1 B 4 and 4.1 C 4 to delete ambiguous wording and establish a fee to set for the United States Medical Licensing Examination in § 7.1 A 1.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until October 8, 1992, to Hilary H. Connor, M.D., Executive Director, 1601 Rolling Hills Drive, Richmond, Virginia 23229-5005.

Contact: Eugenia K. Dorson, Deputy Executive Director for Licensing, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9923.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE SERVICES (STATE BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Mental Health, Mental Retardation and Substance Abuse Services Board intends to consider amending regulations entitled: **VR 470-06-01. Rules and Regulations to Assure the Protection of the Subjects of Human Research.** The purpose of the proposed amendments is to amend the existing regulations to reflect changes in the Code of Virginia and to bring the regulations into compliance with federal guidelines.

Statutory Authority: §§ 37.1-10 and 37.1-234 of the Code of Virginia.

Written comments may be submitted until October 7, 1992, to Randy Koch, Director of Research and Evaluation, DMHMRSAS, P.O. Box 1797, Richmond, Virginia 23214.

Contact: Rubyjean Gould, Director of Administrative

Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3915.

BOARD OF PHARMACY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Pharmacy intends to consider amending regulations entitled: **VR 530-01-1. Regulations of the Board of Pharmacy.** The purpose of the proposed action is to conduct the biennial review of existing regulations.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until October 7, 1992.

Contact: Scotti W. Milley, Executive Director, Virginia Board of Pharmacy, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9911.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Pharmacy intends to consider amending regulations entitled: **VR 530-01-2. Regulations for Practitioners of the Healing Arts to Sell Controlled Substances.** The purpose of the proposed action is to conduct the biennial review of existing regulations.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until October 7, 1992.

Contact: Scotti W. Milley, Executive Director, Virginia Board of Pharmacy, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9911.

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

† Notice of Withdrawal

On behalf of the State Board of Social Services, the department is withdrawing the Notice of Intended Regulatory Action published in 7:24 VA.R. 3948 August 26, 1991, entitled **VR 615-34-01, Minimum Standards for the Voluntary Registration of Small Family Day Care Homes.**

Since the original publication of this Notice of Intent, the regulation was revised and divided into a set of emergency regulations. These regulations are currently on file with the Virginia Code Commission as VR 615-34-01, Voluntary Registration of Small Family Day Care Homes - Requirements for Contracting Organizations and VR 615-35-01, Voluntary Registration of Small Family Day Care

Notices of Intended Regulatory Action

Homes - Requirements for Providers.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Social Services intends to consider promulgating regulations entitled: **General Relief Program: Deeming Income from Alien Sponsors**. The purpose of the proposed regulation is to revise the policy in the General Relief Program to require that in determining eligibility for assistance for a sponsored alien, the income and resources of the alien's sponsor be considered as available to the alien for three years after the alien's entry into the United States.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Written comments may be submitted until September 23, 1992, to Diana Salvatore, Program Manager, Medical Assistance Unit, Division of Benefit Programs, Department of Social Services, 8007 Discovery Drive, Richmond, VA 23229.

Contact: Peggy Friedenber, Legislative Analyst, Department of Social Services, 8007 Discovery Dr., Richmond, VA 23229-0899, telephone (804) 662-9217.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Social Services intends to consider promulgating regulations entitled: **Food Stamp Program - Income Conversion Method**. The regulations are to implement federal regulations at 7 CFR 273.10(c)(2)(i) to select one method of calculating income for all cases when a full month's income is expected.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Written comments may be submitted until September 23, 1992.

Contact: Peggy Friedenber, Legislative Analyst, Department of Social Services, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9217.

† Notice of Intended Regulatory Action.

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Social Services intends to consider amending regulations entitled **VR 615-34-01. Voluntary Registration of Small Family Day Care Homes - Requirements for Contracting Organizations**. The purpose of the proposed action is to set forth the requirements for organizations that shall administer the voluntary registration program for small family day care homes on behalf of the Commissioner of Social Services.

Statutory Authority: §§ 63.1-25 and 63.1-196.04 C of the

Code of Virginia.

Written comments may be submitted until October 21, 1992.

Contact: Peggy Friedenber, Legislative Analyst, Department of Social Services, 8007 Discovery Drive, Richmond, VA 23229, telephone (804) 662-9217.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Social Services intends to consider amending regulations entitled **VR 615-35-01. Voluntary Registration of Small Family Day Care Homes - Requirements for Providers**. The purpose of the proposed action is to set forth registration procedures and general information for providers operating small family day care homes who voluntarily register.

Statutory Authority: §§ 63.1-25 and 63.1-196.04 C of the Code of Virginia.

Written comments may be submitted until October 21, 1992.

Contact: Peggy Friedenber, Legislative Analyst, Department of Social Services, 8007 Discovery Drive, Richmond, VA 23229, telephone (804) 662-9217.

DEPARTMENT OF STATE POLICE

Notice of Intended Regulatory Action

Notice is hereby given that the Department of State Police intends to consider promulgating regulations entitled: **Public Participation Policy**. The purpose of the proposed action is to establish guidelines for public participation in agency regulatory action.

Statutory Authority: §§ 9-6.14:7.1, 46.2-1165, 52.8-4, and 54.1-4009 of the Code of Virginia.

Written comments may be submitted until September 23, 1992.

Contact: Captain J.P. Henries, Safety Officer, Department of State Police, Safety Division, P.O. Box 85607, Richmond, VA 23285-5607, telephone (804) 674-2017.

DEPARTMENT OF TAXATION

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-3-414. Sales Factor and VR 630-3-419. Construction corporation; apportionment**. The purpose of the proposed action is to clarify the sales apportionment treatment of

Notices of Intended Regulatory Action

installment sales and update the regulation to incorporate changes under federal law relating to accounting methods for construction corporations.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 23, 1992.

Contact: Michael S. Melson, Tax Policy Analyst, Office of Tax Policy, Department of Taxation, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-0033.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider promulgating regulations entitled: **VR 630-3-446.2. Intercorporate Transactions.** The purpose of the proposed action is to set forth the instances in which the Department of Taxation may invoke the authority to make equitable adjustments under Virginia Code § 58.1-446.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 23, 1992.

Contact: Alvin H. Carpenter, Tax Policy Analyst, Department of Taxation, Office of Tax Policy, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-0963.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-10-73. Newspapers, magazines, periodicals and other publications.** The purpose of the proposed action is to clarify what constitutes taxable/exempt publications for purposes of the retail sales and use tax.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 24, 1992.

Contact: Terry M. Barrett, Tax Policy Analyst, Office of Tax Policy, Department of Taxation, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-0964.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-10-74. Nonprofit Organizations.** The purpose of the proposed action is to clarify application of retail sales and use tax to purchases and sales by a nonprofit organization.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 24, 1992.

Contact: Lonnie T. Lewis, Jr., Tax Policy Analyst, Office of Tax Policy, Department of Taxation, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-0962.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Taxation intends to consider amending regulations entitled: **VR 630-10-80. Penalties and Interest.** The purpose of the proposed action is to clarify application penalties and interest regarding the retail sales and use tax.

Statutory Authority: § 58.1-203 of the Code of Virginia.

Written comments may be submitted until September 24, 1992.

Contact: Valerie H. Marks, Tax Policy Analyst, Office of Tax Policy, Department of Taxation, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-0964.

VIRGINIA RACING COMMISSION

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Racing Commission intends to consider promulgating regulations entitled: **Satellite Wagering Facilities.** The purpose of the proposed action is to establish conditions under which simulcast horse racing shall be conducted at satellite wagering facilities.

Statutory Authority: § 59.1-369 of the Code of Virginia.

Written comments may be submitted until September 28, 1992.

Contact: William H. Anderson, Policy Analyst, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208, telephone (804) 371-7363.

STATE WATER CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Water Control Board intends to consider amending regulations entitled: **VR 680-21-00. Water Quality Standards.** The purpose of the proposed action is to conduct the triennial review of water quality standards as required by federal and state law. As part of this triennial review, public meetings are

Notices of Intended Regulatory Action

being held to receive comments and suggestions which the State Water Control Board will consider in proposing specific changes in the standards that will be formally considered at public hearings during 1993.

The type of information which would help the board conduct this review includes information on the following Environmental Protection Agency requirements:

- information to update existing standards or to add new standards (especially for toxic pollutants),
- suggestions for a narrative biological criteria,
- evaluations of the 1986 Environmental Protection Agency's bacteria and dissolved oxygen criteria, and
- provisions to ensure that standards apply to wetlands and appropriate numeric criteria for wetlands.

In addition, staff will be considering nominations previously received for water bodies to be included as exceptional waters under VR 680-21-01.3 C as well as seeking additional recommendations for this category. The nominations received thus far include the Rappahannock River from the headwaters to its confluence with Carter's Run, the Rappahannock River from the head of Kelly's Ford rapids to its confluence with Mott's Run and the Maury River from Goshen to Rockbridge Baths.

Finally, any other information which may indicate that modifications are necessary in other sections of the regulation will also be considered.

Any amendments to the water quality standards proposed as a result of this triennial review have the potential to impact every VPDES permit holder in the Commonwealth of Virginia. The impact on an individual VPDES permit hold would range from additional monitoring costs through upgrades to existing wastewater treatment facilities.

The board will hold six public meetings to receive views and comments and to answer questions of the public. (See Calendar of Events Section).

Applicable laws and regulations include § 303(c)(2)(B) and § 307(a) of the Clean Water Act, State Water Control Law, VR 680-21-00 (Water Quality Standards Regulation) and VR 680-14-01 (Permit Regulation).

Statutory Authority: § 62.1-44.15(3a) of the Code of Virginia.

Written comments may be submitted until November 16, 1992.

Contact: Elleanore Daub, Office of Environmental Research and Standards, State Water Control Board, P.O. Box 11143, Richmond, VA 23230-1143, telephone (804) 527-5091.

PROPOSED REGULATIONS

For information concerning Proposed Regulations, see information page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates proposed new text. Language which has been stricken indicates proposed text for deletion.

DEPARTMENT OF CORRECTIONS (BOARD OF)

Title of Regulation: VR 230-30-001. Minimum Standards for Jails and Lockups.

Statutory Authority: §§ 53.1-5, 53.1-68 and 53.1-131 of the Code of Virginia.

Public Hearing Date: November 18, 1992 – Written comments may be submitted until November 20, 1992. (See Calendar of Events section for additional information)

Summary:

The Minimum Standards for Jails and Lockups establish the evaluation criteria for the operation of local correctional facilities statewide as required by the Code of Virginia.

This amendment to the Minimum Standards for Jails and Lockups incorporates the requirements for operating a work/study release program in the jails into a single document. This revision updates the standards with current program practices and eliminates one more document to maintain.

This amendment also adds several definitions and the authority for the work/study release program and makes provisions for state inmates housed in local jails to participate in the program if otherwise eligible.

VR 230-30-001. Minimum Standards for Jails and Lockups.

PART I. INTRODUCTION.

Article 1. Definitions.

§ 1.1. The following words and terms when used in these regulations shall have the following meaning unless the context clearly indicates otherwise:

“Administrative segregation” means a form of segregation from the general population when the continued presence of the inmate in the general population would pose a serious threat to life, property, self, staff or other inmates, or to the security or orderly running of the institution. Inmates pending investigation for trial on a criminal act or pending transfer can also be included.

“Annually” means an action performed each calendar year.

“Appeal” means the procedure for review of an action by a higher authority.

“Appropriate heating” means temperatures appropriate to the summer and winter comfort zones. Heat shall be evenly distributed in all rooms so that a temperature no less than 65°F is maintained. Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided when the temperature exceeds 85°F.

“Appropriate lighting” means at least 20 footcandles at desk level and in personal grooming area.

“Audit” means the determination of facility compliance with standards through an examination of records and operations by a team of qualified professionals.

“Certification” means an official approval by the Board of Corrections which allows a facility to operate.

“Chief executive” means the elected or appointed individual who by law or position has the overall responsibility for the facility's administration and operation.

“Classification” means the process for determining inmate housing, custody and program assignments.

“Communication system” means a mechanical audio transmission such as telephone, intercom, walkie talkie or T.V. monitor.

“Contraband” means any item possessed by inmates or found within the jail or lockup which is illegal by law or not specifically approved for inmate possession by the administrator of the facility.

“Daily log” means a written record for the recording of daily activities or unusual incidents.

“Department” means the Department of Corrections.

“Detainee” means any person confined but not serving a sentence.

“Director” means the Director of the Department of Corrections.

“Disciplinary detention” means the separation of an inmate from the general population for major violations of conduct or regulations.

“Educational release” means a custody status under

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which inmates leave a facility to attend school or educational programs in the community.

"Facility" means the actual physical setting in which a program or agency functions.

"Fire prevention practices" means the activities and written procedures utilized and rehearsed to ensure the safety of staff, inmates and public.

"Fire safety inspection" means an inspection conducted by the Office of State Fire Marshal or local fire department.

"Grievance procedure" means the method by which inmates may formally address complaints to the facility administration.

"Health care personnel" means individuals whose primary duties are to provide health services to inmates.

"Health inspection" means an inspection conducted by the local or State Department of Health.

"Indigent inmate" means an inmate who has no financial means to purchase personal hygiene items or postage for mailing letters.

"Inmate handbook" means a manual, pamphlet or handout which contains information describing inmate activities and conduct.

"Inmate records" means written information concerning the individual's personal, criminal and medical history, behavior and activities while in custody.

"Impartial officer or committee" means individual(s) who are unbiased and are not directly involved in the particular incident or situation being reviewed.

"Juvenile" means a person less than 18 years of age.

"Legal mail" means mail addressed to or received from an attorney or court.

"Local offender" means an individual sentenced to a term of incarceration in a local correctional facility.

"Lockup" means a temporary detention facility where detainees are held for not more than 12 hours.

"Medical screening" means an observation and interview process within the booking procedure designed to obtain pertinent information regarding an individual's medical or mental health condition.

"Major violations" means those institutional violations for which an inmate may be punished either by being placed in disciplinary detention or by losing statutory good time.

"Minor violations" means those institutional violations

punishable by less severe sanctions such as reprimand or loss of privileges.

"Permanent log" means a written record of a facilities' activities which cannot be altered or destroyed subject to state law.

"Pharmaceuticals" means prescription and nonprescription drugs.

"Policy and procedures manual" means a written record containing all policies and procedures needed for the operation of the facility in accordance with the law and the minimum standards for local jails and lockups.

"Post order" means a list of specific job functions and responsibilities required of each duty position.

"Program" means the plan or system through which a correctional agency works to meet its goals; often the program requires a distinct physical setting.

"Protective custody" means a form of separation from the general population for inmates requesting or requiring protection from other inmates.

"Quarterly" means an action which occurs once every three months within a calendar year.

"Recreational activities" means any out-of-cell activity ranging from scheduled outside or inside recreation to informal table top games.

"Semi-annual" means an action occurring once every six months within a calendar year.

"State offender" means an individual sentenced to a term of incarceration in a state correctional facility.

"Volunteer" means individuals who provide services to the detention facility without compensation.

"Work release" means a formal program whereby an inmate is permitted to leave confinement to maintain regular employment in the community and returns to custody during nonworking hours.

Article 2. Legal Base.

§ 1.2. The Code of Virginia is the foundation for the development of Minimum Standards for Local Jails and Lockups. Section 53.1-68 of the Code of Virginia directs the State Board of Corrections to establish minimum standards for the construction, equipment, administration and operation of local correctional facilities. This Code section also authorizes the Board of Corrections to establish minimum standards for the construction, equipment and operation of lockups.

§ 1.3. Section 53.1-131 of the Code of Virginia directs the

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State Board of Corrections to prescribe regulations governing work release, educational and other rehabilitative programs.

~~§ 1.3.~~ § 1.4. The State Board of Corrections is authorized to monitor the activities of the department and its effectiveness in implementing the standards and goals of the board as specified by § 53.1-5 of the Code of Virginia.

Article 3. Administration.

~~§ 1.4.~~ § 1.5. The Minimum Standards for Local Jails and Lockups, adopted by the Board of Corrections on ~~March 24, 1980, amended on May 13, 1980, and revised on April 1, 1987~~ February 13, 1991, are superseded on the effective date of these standards.

~~§ 1.5.~~ § 1.6. The primary responsibility for application of these standards shall be with the sheriff or chief executive officer of the jail or lockup.

§ 1.7. *The court, sheriff, or administrator or a local or regional jail has the responsibility for authorizing local and state offenders confined in jail under the provisions of § 53.1-20 of the Code of Virginia to participate in a work release program or other educational or rehabilitative programs authorized under § 53.1-131 of the Code.*

~~§ 1.6.~~ § 1.8. These standards shall become effective on ~~May 1, 1991~~ January 1, 1993.

PART II. JAIL ADMINISTRATION.

Article 1. Philosophy, Goals and Objectives.

§ 2.1. The facility shall have a written statement discussing its philosophy, goals and objectives.

Article 2. Policies and Procedures.

§ 2.2. Written policy and procedures shall be maintained in a manual and shall be available 24 hours a day to all staff.

§ 2.3. Written policy shall provide that each facility shall be headed by a single chief executive officer to whom all employees and functional units are responsible.

§ 2.4. A written annual report of the availability of services and programs to inmates in a facility shall be reviewed and provided to the sentencing courts and may be provided to relevant community agencies.

PART III. MANAGEMENT INFORMATION.

Article 1.

Release of Information.

§ 3.1. Written policies and procedures covering the release of information shall be developed in accordance with the rules and regulations promulgated by the Criminal Justice Services Board and the Virginia Plan for the Privacy & Security of Criminal History Record Identification.

Article 2. Inmate Records.

§ 3.2. Written policy and procedures shall ensure that inmate records are current and accurate.

§ 3.3. Personal records shall be maintained on all inmates committed or assigned to the facility. These records shall contain, but not be limited to, the:

1. Inmates data form;
2. Commitment form and court order;
3. Records developed as a result of classification;
4. All medical orders issued by the facilities physician;
5. All disciplinary actions, or unusual incidents;
6. Work record and program involvement; and
7. Copies of inmates' property expenditure records and receipts.

Article 3. Facility Logs and Reports.

§ 3.4. The facility shall maintain a daily log(s) which records the following information:

1. Inmate count and location;
2. Intake and release of inmates;
3. Entries and exits of physicians, attorneys, ministers, and other nonfacility personnel; and
4. Any unusual incidents such as those that result in physical harm to or threaten the safety of any person, or the security of the facility.

Article 4. Classification.

§ 3.5. Written policy and procedures shall ensure the following:

1. Classification of inmates as to level of housing assignment and participation in correctional programs;
2. Separate living quarters for males, females, and juveniles;

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3. Prohibition of segregation of inmates by race, color, creed or national origin;

4. Security permitting, equal access to all programs and activities, through separate scheduling, or other utilization of combined programs under supervision;

5. The proper release of inmates; and

Any exception to the above to be documented in writing.

Article 5. Grievance Procedure.

§ 3.6. A written grievance procedure shall be developed and made available to all inmates with the following elements:

1. Grievance shall be responded to within a prescribed reasonable time limit;

2. Written responses including the reason for the decision shall be made to all grievances;

3. A review shall be made by someone not directly involved in the grievance; and

4. All inmates shall have access to the procedures with guaranty against reprisal.

5. All inmates must be afforded the opportunity to appeal the decision.

PART IV. JAIL PROGRAMS AND SERVICES.

Article 1. Inmate Participation.

§ 4.1. The facility administrator shall make each inmate aware of available programs.

§ 4.2. Written policy and procedures shall:

1. Provide inmates access to recreational activities consistent with health and security regulations;

2. Provide all inmates access to regular physical exercise;

3. Specify eligibility for work assignments;

4. Govern the administration of local work programs;

5. Govern the administration of local work or education release programs if applicable; and

Any exception to the above shall be documented in writing.

Article 2.

Religious, Social and Volunteer Services.

§ 4.3. Written policy and procedures shall allow inmates to participate voluntarily in available religious services or counseling of their choice during scheduled hours within the facility.

§ 4.4. The facility shall secure and support social services and volunteer programs from the community. Where volunteers provide direct services to inmates in the facility there shall be written policies and procedures.

§ 4.5. The volunteer program shall be coordinated and administered in accordance with written policies and procedures. Each volunteer shall sign a statement agreeing to abide by facility rules and regulations.

Article 3. Education and Library Services.

§ 4.6. Written policy and procedures shall govern the availability and administration of educational services for inmates. The facility administrator shall coordinate and cooperate with local authorities for the provision of local community services and resources utilized for this purpose where they are available.

§ 4.7. The facility shall provide reading materials which include current periodicals (not more than one year old).

§ 4.8. Reading materials, including newspapers, magazines and books, shall be permitted in the jail unless the material poses a threat to security.

Article 4. Commissary.

§ 4.9. The facility shall make available to inmates commissary services where they may purchase from an approved list of items.

Article 5. Medical Services.

§ 4.10. A licensed physician shall supervise the facility's medical and health care services.

§ 4.11. No restrictions shall be imposed on the physician by the facility in the practice of medicine; however, administrative and security regulations applicable to facility personnel shall apply to medical personnel as well.

§ 4.12. Health care personnel shall meet appropriate and current licensing or certification requirements.

§ 4.13. Where in-house medical and health care services are provided there shall be space for the private examination and treatment of inmates.

§ 4.14. Written policy shall provide 24-hour emergency medical care availability.

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§ 4.15. Written policy and procedure shall provide that receiving and medical screening be performed on all inmates upon admission to the facility.

§ 4.16. Written procedures shall be developed whereby inmates can be informed, at the time of admission to the facility, of the procedures for gaining access to medical services.

§ 4.17. All staff involved in security shall be trained and competent in rendering basic first aid equivalent to that defined by the American Red Cross in its use in emergency care procedures. Further, there shall be at least one person per shift who is competent in administering basic life support cardio-pulmonary resuscitation (CPR).

§ 4.18. Written standard operating procedures for the management of pharmaceuticals shall be established and approved by the facility's physician or pharmacist.

§ 4.19. The medical record for each inmate shall include:

1. The completed receiving screening form; and,
2. All findings, diagnoses, treatment, dispositions, prescriptions, and administration of medication.

§ 4.20. Summaries of the medical record file shall be forwarded to the facility to which the inmate is transferred.

§ 4.21. Written policy shall prohibit medical or pharmaceutical testing for experimental or research purposes.

§ 4.22. Medical care performed by personnel other than a physician shall be pursuant to a written protocol or order.

Article 6. Food Services.

§ 4.23. Written policy and procedures shall ensure that the facility's food service equipment and personnel meet the established safety and protection standards and requirements as set forth by the State Board of Health's rules and regulations governing restaurants and the requirements by the Virginia Department of Corrections.

§ 4.24. Written policy and procedures shall ensure a food service program that meets the requirements as set forth by the Virginia Department of Corrections which shall ensure that:

1. The menu meets the dietary allowances as stated in the Recommended Dietary Allowances, National Academy of Sciences;
2. There is at least a one-week advance menu preparation; and

3. Modifications in menus are based on inmates' medical or reasonable religious requirements.

§ 4.25. Written policy and procedures shall ensure a food service program that meets the requirements as set forth by the Virginia Department of Corrections which shall ensure meals are served under the direct supervision of staff.

§ 4.26. Written policy and procedures shall ensure a food service program that meets the requirements as set forth by the Virginia Department of Corrections which shall ensure that records of meals served are kept for a minimum of three years.

§ 4.27. Written policy and procedures shall ensure a food service program that is not used as a disciplinary measure and meets the requirements as set forth by the Virginia Department of Corrections.

§ 4.28. Written policy and procedures shall provide for at least three meals daily with no more than 14 hours between evening meal and breakfast, and a minimum of two hot meals within every 24 hours.

Article 7. Mail.

§ 4.29. Written policy and procedures governing inmate correspondence shall ensure that all inmates, regardless of their jail status, shall be afforded the same correspondence privileges; correspondence privileges shall not be withdrawn as punishment.

§ 4.30. Written policy and procedures shall ensure that there is no limit on the volume of letter mail an inmate may send or receive, or on the length, language, content or source of such letter mail, except where there is clear and convincing evidence to justify such limitations.

§ 4.31. Written policy and procedures shall make available, when requested by an indigent inmate, a postage allowance of not more than five first-class rate (one ounce) letters per week, not counting legal mail.

§ 4.32. Written policy and procedures shall ensure that outgoing letters shall be collected and sent daily except Saturdays, Sundays, and holidays. Incoming letters to inmates shall be delivered no later than 24 hours after arrival at the facility or shall be promptly forwarded or returned to sender.

§ 4.33. Inmate mail shall not be read except where there is reasonable suspicion that a particular item of correspondence threatens the safety or security of the institution, or the safety of any person, or is being used for furtherance of illegal activities.

§ 4.34. Written policy and procedures shall assure that notice of the seizures of mailed contraband be given to the inmate and the sender together with the written

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reason for the seizure. The sender shall be allowed the opportunity to appeal and challenge the seizure before the facility administrator or a designee empowered to reverse seizure. Unless it is needed for a criminal investigation or prosecution, property which can legally be possessed outside the facility shall be stored, returned to sender or destroyed, as the inmate desires.

Article 8. Telephone.

§ 4.35. Written policy and procedures shall ensure inmates reasonable access to telephone facilities.

§ 4.36. Written policy and procedures shall ensure that emergency messages to inmates are delivered promptly and recorded. When possible, the jail chaplain shall be notified of an immediate family member's death or serious illness.

Article 9. Visiting.

§ 4.37. Written policy and procedures shall ensure maximum visiting opportunities limited only by facility schedules, space and personnel constraints.

§ 4.38. The facility shall have a list of approved items which visitors may bring into the facility. Items brought into the facility by visitors for inmates shall be subject to inspections and approval.

§ 4.39. Written policy and procedures shall specify requirements for visitor registration and the circumstances and methods under which visitors may be searched.

PART V. JAIL OPERATIONS.

Article 1. Reception and Orientation.

§ 5.1. Written policy and procedures for admitting individuals into the jail shall address the following:

1. Verification of commitment;
2. Complete search of the individual and his possessions;
3. Disposition of clothing and personal possessions;
4. Interview for obtaining identifying data;
5. Photograph; and
6. Telephone calls.

§ 5.2. Written policy and procedures for those inmates to be confined in the jail shall address the following:

1. Shower/search;
2. Issue of clean clothing/hygiene items/linen;
3. Classification and housing assignment; and
4. Orientation.

§ 5.3. Written policy and procedures shall specify that newly admitted inmates who are physically capable are permitted to complete at least two local or collect long-distance telephone calls during the admissions process.

Article 2. Linen and Clothing.

§ 5.4. Written policy and procedure shall provide that a record be kept to show that clean linen and towels be supplied once a week, a clean change of clothing be provided twice a week and inmates shall be held accountable for their use.

§ 5.5. The facility shall provide for the issuance of special and protective clothing to inmates assigned to food services, farm, sanitation, mechanical services, and other special work functions.

Article 3. Bathing and Hygiene.

§ 5.6. There shall be sufficient hot and cold water for bathing. Each inmate shall be required to bathe twice a week.

§ 5.7. The facility shall provide soap, a toothbrush, and toothpaste or toothpowder to each inmate upon admission to the general population. Notwithstanding security considerations, shaving equipment, including a mirror, and haircuts shall be made available, and hygiene needs of all inmates shall be met.

Article 4. Inmate Money and Property Control.

§ 5.8. Written policy and procedures shall state what items the inmate may retain in his possession.

§ 5.9. A written itemized inventory of cash and personal property of each inmate shall be made at the time of initial booking. A signed copy shall be furnished the inmate.

§ 5.10. An itemized account shall be maintained of each inmate's expenditures and receipts of money while in the facility and acknowledged by the inmate in writing.

§ 5.11. Inmate's property and funds shall be returned to him upon his release or transfer and acknowledged by the inmate in writing.

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Inmate Conduct and Discipline.

§ 5.12. Written policy and procedures shall govern inmate conduct and shall include:

1. Rules of conduct;
2. Definition of major and minor violations; and
3. Prohibition of the use of food as a disciplinary measure.
4. Upon assignment to general inmate housing, inmates shall receive a copy of inmate conduct rules and policy and procedures governing inmate conduct.

§ 5.13. Written policy and procedures shall govern the reporting and disposition of disciplinary infractions by inmates and shall include:

1. Procedures and provisions for pre- and post-disciplinary detention of inmates; and
2. Procedures for handling minor violations:
 - a. The accused inmate is given written notice of the charge and the factual basis for it;
 - b. The accused inmate shall have an opportunity to explain or deny the charge;
 - c. The accused inmate shall be given a written statement by the fact finders as to the evidence relied upon and the reasons for the disciplinary action.
 - d. The accused inmate shall have an opportunity to appeal any finding of guilt to the facility administrator; and
3. Procedures for handling major violations:
 - a. The accused inmate is given written notice of the charge and the factual basis for it at least 24 hours prior to the hearing of the charge;
 - b. The charge is heard in the inmate's presence by an impartial officer or committee.
 - c. The accused inmate is given an opportunity to have the assistance of a staff member or fellow inmate in defending the charge;
 - d. Witness statements and documentary evidence will be permitted in his defense; and
 - e. The accused inmate shall be given a written statement by the fact finders as to the evidence relied upon and the reasons for the disciplinary action.

f. The accused inmate is permitted to appeal any finding of guilt to the facility administrator.

Article 6. Security.

§ 5.14. The facility shall maintain a designated post, manned 24 hours a day, that controls activities and flow of people in and out of the secure area of the jail.

§ 5.15. The facility's outside recreation area shall be secure so that inmates shall not have physical access to the general public without authorization.

§ 5.16. Written policy and procedures shall require that all security perimeter entrances, control center doors, cell block doors and all doors opening into a corridor are kept locked except when used for admission or exit of employees, inmates or visitors, or in emergencies.

§ 5.17. Written policy and procedures shall govern the security, storage and use of firearms, ammunition, chemical agents, and related security devices to ensure that:

1. Personnel who carry firearms are assigned positions that are inaccessible to inmates (with the exception of emergencies);
2. Personnel who discharge firearms or use chemical agents submit written reports to the administrator or designated subordinate no later than the conclusion of the shift during which same are discharged or used.

§ 5.18. Written policy and procedures shall specify the conditions under which an officer can enter a security cell or cell block.

§ 5.19. The facility shall provide a communications system allowing staff to communicate with each other to facilitate staff supervision.

§ 5.20. Written policy and procedures shall specify that, at least once daily, a careful examination be made of all security devices and that maintenance be routinely performed to ensure their proper operation.

§ 5.21. Written policy and procedures shall specify the process for conducting and documenting searches of the facility and inmates.

§ 5.22. The facility shall post the policy regarding searches for the control of contraband or otherwise make it available to staff and inmates. Further, the policy shall be reviewed at least annually and updated as needed.

§ 5.23. Written policy and procedures shall govern key and door control.

§ 5.24. Written policy and procedures shall govern the control and use of tools, culinary items and cleaning

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equipment.

§ 5.25. Written policy and procedures shall specify the control, storage and use of all flammables, toxic and caustic materials.

§ 5.26. Written post orders shall clearly describe the functions of each duty post in the facility and include copies in the policy and procedures manual.

§ 5.27. Written policy and procedures shall specify and restrict the use of physical force which is necessary for instances of self-protection, protection of others, protection of property and prevention of escapes. Such physical force shall be restricted to that necessary only to overcome such force as is being exerted. A written report shall be prepared following all such incidents described above and shall be submitted to the administrator for review and justification.

§ 5.28. Written policy and procedures shall govern the use of restraint equipment.

§ 5.29. Written policy and procedures shall provide for administrative segregation of inmates who pose a security threat to the facility or other inmates and for inmates requiring protective custody.

§ 5.30. Written policies and procedures shall ensure that, inmate behavior permitting, the disciplinary detention and administrative segregation units provide physical living conditions that approximate those offered the general inmate population.

§ 5.31. Written policy and procedure shall specify the handling of mental health inmates to include an agreement to utilize mental health services from either a private contractor or the community services board.

§ 5.32. Written policy and procedures shall ensure that a log be kept to record all activities in disciplinary detention and administrative segregation units.

§ 5.33. Written policy and procedures shall require that an assessment, including a personal interview and medical evaluation, is conducted when an inmate remains in administrative segregation or disciplinary detention beyond 15 days and every 15 days thereafter.

§ 5.34. The facility shall provide for around-the-clock supervision of all inmates by trained personnel. All inmate housing areas shall be inspected a minimum twice per hour. All inspections and unusual incidents shall be documented.

§ 5.35. Supervisory staff shall inspect the institution daily. Unusual findings shall be indicated in writing and submitted to an administrative official for review.

§ 5.36. Written policies and procedures shall regulate the movement of inmates within the facility.

§ 5.37. Written policy shall prohibit inmates from supervising, controlling or exerting any authority over other inmates.

§ 5.38. Written policy and procedures shall specify the process to be followed in emergency situations, mass arrest, fire, disturbance, taking of hostages, escapes, attempted suicides, loss of utilities and natural disasters. All personnel shall be trained in the implementation of emergency plans. Plans shall be reviewed annually.

Article 7. Release.

§ 5.39. Written policy and procedures shall require that, prior to an inmate's release, positive identification is made of the releasee, authority for release is verified and a check for holds in other jurisdictions is completed.

PART VI. JAIL PHYSICAL PLANT.

Article 1. Fire and Health Inspection.

§ 6.1. The facility shall have an annual state or local health food service and fire safety inspection. Localities that do not enforce the Virginia Statewide Fire Prevention Code (VSFPC) shall have the inspections performed by the Office of the State Fire Marshal. Written reports of the fire safety and health food service inspection shall be on file with the facility administrator.

Article 2. Fire Prevention and Safety.

§ 6.2. Written policy and procedures shall specify the facility's fire prevention practices to ensure the safety of staff, inmates, and the public. They shall be reviewed annually.

§ 6.3. Mattresses, pillows and trash receptacles present in the secured housing shall be of nontoxic and fire retardant materials.

§ 6.4. The facility shall have a written master plan for the safe and orderly evacuation of all persons in the event of a fire or an emergency. Such a plan shall be reviewed by all staff quarterly. The quarterly review shall be documented.

Article 3. Facility Cleanliness.

§ 6.5. Facility floors, halls, corridors, and other walkway areas shall be maintained in a clean, dry, hazard-free manner.

§ 6.6. The facility shall control vermin and pests and shall be serviced at least quarterly by professional pest control personnel.

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Article 4. Housing Areas.

§ 6.7. All housing and activity areas shall provide for appropriate lighting and heating.

§ 6.8. All housing areas shall have toilets, showers, drinking water and washbasins with hot and cold running water accessible to inmates.

Article 5. Special Purpose Area.

§ 6.9. The facility shall have a special purpose area to provide for the temporary detention and care of persons under the influence of alcohol or narcotics or for persons who are uncontrollably violent or self-destructive and those requiring medical supervision.

Article 6. Security Equipment Storage.

§ 6.10. The facility shall provide secure storage for firearms, chemical agents, and related security equipment accessible to authorized personnel only and located outside the security perimeter or the inmate housing and activity areas.

PART VII. JUVENILES.

Article 1. Housing.

§ 7.1. Those facilities which, on occasion, house juveniles shall be certified by the Board of Corrections for the express purpose of holding juveniles.

§ 7.2. Juveniles shall be so housed as to be separated by a wall or other barrier which would result in preventing visual contact and normal verbal communication with adult prisoners except in instances of casual contact under supervision.

§ 7.3. The facility shall have one or more persons on duty at all times responsible for auditory and visual contact with each juvenile at least every 30 minutes. Contact shall be at least every 15 minutes when juveniles exhibit self-destructive or violent behavior.

Article 2. Isolation or Segregation.

§ 7.4. Isolation cells or segregation within a cellblock shall be utilized only as a protective or disciplinary measure.

PART VIII. LOCKUPS.

Article 1. Responsibility.

§ 8.1. The chief of police, town sergeant, or, in case of a county's operating a lockup, the sheriff shall be responsible for seeing that the lockup is operated in full conformity with these regulations.

Article 2. Coverage.

§ 8.2. When the lockup is occupied at least one employee shall be on duty at the lockup at all times.

Article 3. Search and Inspection.

§ 8.3. The facility shall comply with the search requirements included in § 19.2-59.1 of the Code of Virginia.

§ 8.4. Quarterly inspections shall be made and recorded of bars, locks and all security devices.

Article 4. Commitment and Release.

§ 8.5. A written record shall be maintained to include name, date, and time of commitment and release of all detainees confined in the lockup.

Article 5. Property.

§ 8.6. Written policy and procedures shall govern the inventory and control of detainee property. The detainee shall sign for all property taken upon admission and returned to him upon release. If the detainee refuses to sign this shall be witnessed and documented.

Article 6. Telephone.

§ 8.7. Written policy and procedures shall specify that newly admitted inmates who are physically capable are permitted the opportunity to complete at least two local or collect long distance telephone calls during the admissions process.

Article 7. Separation of Inmates.

§ 8.8. A lockup shall detain juveniles in strict compliance with § 16.1-249 of the Code of Virginia.

§ 8.9. Males shall be housed separately from females.

§ 8.10. There shall be written policy for the protection of inmates appearing to be vulnerable to physical or sexual attack.

Article 8. Medical.

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§ 8.11. Written policy and procedures shall provide for 24-hour emergency medical and mental health care availability.

§ 8.12. A permanent log shall be maintained on all medical findings, diagnoses, treatment, dispositions, prescriptions and administration of medications.

Article 9. Visiting.

§ 8.13. Written policy and procedures shall ensure that:

1. There be visiting opportunities limited only by facility schedules, security, space and personnel constraints;
2. Visitors register upon entry into the facility;
3. Circumstances and methods under which visitors may be searched are delineated;
4. Attorneys be permitted to have confidential visits with their clients; and

Any exception to the above shall be documented in writing.

Article 10. Inmate Control.

§ 8.14. Written policies and procedures shall ensure that punishment shall not be utilized as a means of control or discipline in lockups. Tear gas, chemical mace, or similar devices shall not be used as punishment and may only be used to control detainees where there is an imminent threat of physical injury.

Article 11. Incident Report.

§ 8.15. A report setting forth in detail the pertinent facts of deaths, escapes, discharging firearms, using chemical agents, or any other serious occurrences shall be reported to the Regional Manager, Department of Corrections, or his designee.

Article 12. Facility and Inmate Cleanliness.

§ 8.16. A detainee shall have access to a wash basin and toilet facility.

§ 8.17. The detention area shall be maintained in a clean, dry, hazard-free manner.

PART IX. WORK RELEASE, EDUCATIONAL AND OTHER REHABILITATIVE PROGRAMS.

§ 9.1. Written procedures outlining the eligibility criteria

for participation in a work, educational or rehabilitation release program for both state and local offenders shall be developed by each facility with a work, educational or rehabilitation release program. Offenders shall meet the established eligibility requirements prior to being released.

§ 9.2. Written procedures shall ensure the accountability of participants at all times and provide for supervision in the community. Such procedures shall include at a minimum:

1. Provisions for a periodic inmate count;
2. Methods for determining and identifying inmates who are authorized to leave the facility;
3. Provisions for a controlled sign-out and sign-in process; and
4. Methods of verifying the inmate's location within the community, both by telephone and random field visits.

§ 9.3. Offender participation in a work release program shall conform to the following specific conditions unless ordered otherwise by an appropriate court.

1. Participation by the inmate shall be on a voluntary basis;
2. Representatives of local union central bodies or similar labor union organizations shall have been consulted;
3. Employment will not result in the displacement of employed workers, or be applied in skills, crafts or trades in which there is a surplus of available gainful labor in the locality, or impair existing contracts for services; and
4. Rates of pay and other conditions of employment will not be less than those paid or provided for work of a similar nature in the locality in which the work is being performed.

§ 9.4. Offender participation in an educational or rehabilitative program shall conform to the following specific conditions unless ordered otherwise by an appropriate court.

1. Participation by the inmate may be voluntary or court ordered;
2. The program must be approved or accepted in the community;
3. Meetings or classes must be on a regularly scheduled basis; and
4. Other conditions will not be more restrictive on the offender than those required by other participants.

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§ 9.5. Written procedures governing the granting of furloughs shall include at a minimum:

1. A participant in the work, educational or rehabilitative release program may be considered for one furlough per month. A furlough shall not exceed three days.
2. Special furloughs may be authorized for specific purposes provided the need for a special furlough can be verified.

§ 9.6. Written procedures shall be developed to ensure the accountability of all funds received, disbursed, to whom and reason on behalf of the participant. Procedures shall be in accordance with § 53.1-131 of the Code of Virginia.

§ 9.7. Written procedures shall establish the criteria and process for removing a participant from the program as follows:

1. Procedures shall include provisions for an impartial hearing for the participant.
2. Procedures shall include provisions for the appeal of the removal.
3. Documentation shall reflect that this information was explained to all participants when they were assigned to the program.

§ 9.8. Each facility having a work, educational or rehabilitation release program that includes state offenders shall have a written agreement with the director.

§ 9.9. State offenders assigned to a work, educational or rehabilitation release program shall meet the Department of Corrections' work release criteria and be approved by the department's Central Classification Board and the department's management review process pursuant to a written agreement as provided for in accordance with § 53.1-131 of the Code of Virginia.

DEPARTMENT OF GAME AND INLAND FISHERIES (BOARD OF)

NOTICE: The Board of Game and Inland Fisheries is exempted from the Administrative Process Act (§ 9-6.14:4 of the Code of Virginia); however, it is required by § 9-6.14:22 to publish all proposed and final regulations.

Title of Regulation:

VR 325-01. Definitions and Miscellaneous.

VR 325-01-1. In General.

VR 325-03. Fish.

VR 325-03-1. Fishing Generally.

VR 325-03-2. Trout Fishing.

VR 325-03-5. Aquatic Invertebrates, Amphibians, Reptiles and Nongame Fish.

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Proposed Effective Date: January 1, 1993.

Summary:

Summaries are not provided since, in most instances the summary would be as long or longer than the full text.

Notice to the Public

The Board of Game and Inland Fisheries has ordered to be published, pursuant to §§ 29.1-501 and 29.1-502 of the Code of Virginia, the following proposed new and amended board regulations. A public hearing on the advisability of adopting, or amending and adopting, the proposed regulations, or any part thereof, will be held at the Sunset Beach Inn (The America House) off Route 13 at the north end of the Chesapeake Bay Bridge tunnel, beginning at 9:00 a.m. on Saturday, October 17, 1992, at which time any interested citizen present shall be heard. If the board is satisfied that the proposed regulations, or any part thereof, are advisable, in the form in which published or as amended as a result of the public hearing, the board may adopt such proposals at that time, acting upon the proposals separately or in block.

VR 325-01. DEFINITIONS AND MISCELLANEOUS.

VR 325-01-1. In General.

§ 19. Same - "Designated stocked trout waters."

When used in regulations of the board, "designated stocked trout waters" will include those waters that are stocked with harvestable-sized trout and are listed by the director in the annual Trout Stocking Plan. Designated stocked trout waters are posted by the department with appropriate "stocked trout waters" signs.

VR 325-03. FISH.

VR 325-03-1. Fishing Generally.

§ 12. Same - Special daily permit for fishing in Clinch Mountain Wildlife Management Area, Douthat State Park Lake and Crooked and Wilson creeks.

It shall be unlawful to fish in the Clinch Mountain Wildlife Management Area (except in Little Tumbling Creek), in Douthat State Park Lake and in Wilson Creek from Douthat Lake upstream to the park boundary both above the lake to the park boundary and downstream to the lower USFS boundary, and in the Crooked Creek fee fishing area in Carroll County without having first paid to the department for such privilege a daily use fee. Such daily use fee shall be in addition to all other license fees provided by law. Upon payment of the daily use fee the department shall issue a special permit which shall be

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signed and carried by the person fishing. *This fee will be required from the opening day of trout season through Labor Day at Clinch Mountain Wildlife Management Area (except Little Tumbling Creek) and at Crooked Creek fee fishing area in Carroll County, and from the opening day of trout season through September 30 at Douthat State Park Lake and Wilson Creek. During the remainder of the year, these waters will revert to designated stocked trout waters and a trout license will be required. Upon written request from Douthat State Park and subsequent approval from the department, the department may recognize clearly marked children only fishing areas within Douthat State Park. Within these "children only" areas, children 12 years old or less may fish without the daily use fee if accompanied by a fully licensed adult who has purchased a valid daily permit.*

§ 13. *Special provision applicable to a portion of Witcher Creek (Cedar Key) within Smith Mountain Lake.*

It shall be lawful to fish using only bait with a single point unweighted bait hook (no artificial lures allowed) in that portion of Witcher Creek in Smith Mountain Lake from behind the no wake buoy line at the mouth of the cove known as Cedar Key to the back of the cove during the months of April and May. For the purpose of this regulation, a single point unweighted bait hook is defined as a hook that does not have a weight affixed to the hook. Any other weight must be attached to the line at least 12 inches above the hook (no weights below the hook).

VR 325-03-2. Trout Fishing.

§ 4. *Same - Clinch Mountain Wildlife Management Area; Douthat State Park Lake; Wilson Creek; Crooked Creek; Crooked Creek fee fishing area; South Holston Reservoir.*

The daily creel limit for taking trout in the Clinch Mountain Wildlife Management Area (except in Little Tumbling Creek), in Douthat State Park Lake and in Wilson Creek from Douthat Lake upstream to the park boundary and in the Crooked Creek fee fishing area in Carroll County shall be five and in South Holston Reservoir the limit shall be seven.

§ 6. *Methods and equipment used in fishing.*

All seines, nets and the use of more than one rod or one line by any one person are prohibited while fishing in waters stocked with trout designated stocked trout waters, except it shall be lawful to use a hand-landing net to land fish legally hooked in all waters.

It shall be unlawful to fish with more than one hook attached to a single line in streams stocked with trout designated stocked trout waters and such hook must be baited used with natural bait or artificial bait lures; provided, however, this shall not be construed to prohibit the use of artificial lures with more than one hook.

§ 7. *Fishing in designated stocked trout water prohibited*

except during open season.

It shall be unlawful to fish in designated stocked trout waters stocked with trout by the Department or other public body except during the open season for taking trout. Fishing may continue in nondesignated stocked trout waters and wild trout streams during the closed season for taking trout, but all trout caught during this closed season must be immediately released, except as otherwise specifically provided in the sections appearing in this regulation.

§ 8. *Fishing in certain waters after obtaining creel limit of trout prohibited.*

It shall be unlawful to fish in waters designated as trout waters or designated stocked trout waters or in the waters covered by §§ 11, 12, 12.1, and 13, and 14.1 (during the period from May 16 through September 30) of this regulation after the daily creel limit of trout is obtained.

§ 9. *Feeding or baiting trout prohibited in designated stocked trout waters.*

It shall be unlawful to feed or bait trout in designated stocked trout waters of the Commonwealth.

§ 11. *Special provisions applicable to certain portions of Jackson River, Smith Creek and Snake Creek.*

It shall be lawful to fish using only artificial lures with single hooks in that portion of Jackson River in Bath County from the swinging bridge located just upstream from the mouth of Muddy Run, upstream 3.0 miles to the last ford on FS 481D, in that portion of Smith Creek in Alleghany County from the Clifton Forge Reservoir Dam downstream to a sign at the Forest Service boundary above the C&O Dam, and on Snake Creek in Carroll County upstream from its mouth to Hall's Fork on Big Snake Fork and to the junction of Routes 922 and 674 on Little Snake Fork. All trout caught in these waters under 12 inches in length shall be immediately returned to the water unharmed. It shall be unlawful for any person to have in his possession any natural bait or any trout under 12 inches in length in these areas.

§ 12. *Special provisions applicable to certain portions of Buffalo Creek, Dan River, Sinking Creek, Smith Creek and Smith River.*

A. *It shall be lawful year around to fish using only artificial lures with single hooks in that portion of Buffalo Creek in Rockbridge County from the confluence of Colliers Creek upstream 2.9 miles to the confluence of North and South Buffalo Creeks, in that portion of Smith River in Henry County from signs below the east bank of Towne Creek for a distance of approximately three miles downstream and in that portion of the Dan River in Patrick County from Talbott Dam approximately six miles downstream to a sign posted just upstream from the confluence of Dan River and Townes Reservoir.*

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B. It shall be lawful year around to fish using only artificial flies with single hooks in that portion of Sinking Creek in Giles County from a cable and department sign 0.4 miles below the State Route 703 low-water bridge upstream 1.8 miles to a cable and department sign 0.1 miles above the Reynolds Farm covered bridge, in that portion of Sinking Creek in Craig County from a cable and department sign 1.0 mile below the State Route 642 Bridge upstream to a cable and department sign 0.5 miles above the State Route 642 Bridge, and in that portion of Smith Creek in Rockingham County from a sign posted 1.0 miles below the confluence of Lacy Spring to a sign posted 0.4 miles above Lacy Spring.

C. The daily creel limit in these waters shall be two trout a day year around and the size limit shall be 16 inches or more in length. All trout caught in these waters under 16 inches in length shall be immediately returned to the water unharmed. It shall be unlawful for any person to have in his possession any ~~natural~~ bait or any trout under 16 inches in length in these areas.

§ 12-1. Special provision applicable to certain portions of Mossy Creek.

It shall be lawful year around to fish using only artificial flies with single hooks in that portion of Mossy Creek in Augusta County upstream from the Augusta/Rockingham County line to a sign posted at the confluence of Joseph's Spring. The daily creel limit in these waters shall be one trout a day year around and the size limit shall be 20 inches or more in length. All trout caught in these waters under 20 inches in length shall be immediately returned to the water unharmed. It shall be unlawful for any person to have in his possession any ~~natural~~ bait or any trout under 20 inches in length in this area.

§ 13. Special provision applicable to certain portions of Conway River, Green Cove Creek, Little Stony Creek, North Creek, North Fork Buffalo River, St. Mary's River, Whitetop Laurel and Ramsey's Draft.

It shall be lawful to fish using only artificial lures with single hooks in that portion of the Conway River and its tributaries in Greene and Madison counties within the Rapidan Wildlife Management Area, in that portion of Green Cove Creek in Washington County from Route 859 downstream to its mouth, in that portion of Little Stony Creek in Giles County within the Jefferson National Forest, *in that portion of Little Stony Creek in Shenandoah County within the George Washington National Forest*, in that portion of North Creek in Botetourt County and its tributaries upstream from the first bridge above North Creek Campground, in the North Fork Buffalo River and its tributaries in Amherst County within the George Washington National Forest, in that portion of St. Mary's River in Augusta County and its tributaries upstream from the gate at the George Washington National Forest property line, in that portion of Whitetop Laurel in Washington County upstream from the first railroad trestle

above Taylor Valley to the mouth of Green Cove Creek at Creek Junction, and in that portion of Ramsey's Draft and its tributaries in Augusta County within the George Washington National Forest. All trout caught in the Conway River and its tributaries under eight inches in length and all trout caught in the other above named streams under nine inches in length shall be immediately returned to the water unharmed. It shall be unlawful for any person to have in his possession any ~~natural~~ bait, any trout under eight inches in length on the Conway River or its tributaries or any trout under nine inches in length on the other above named streams.

§ 14. Special provision applicable to Stewarts Creek Trout Management Area ~~and~~ ; certain portions of Dan, Rapidan and Staunton rivers , *the East Fork of Chestnut Creek*, and *their* tributaries.

It shall be lawful year ~~round~~ around to fish for trout using only artificial lures with single hooks within the Stewarts Creek Trout Management Area in Carroll County, in the Rapidan and Staunton rivers and their tributaries upstream from a sign at the Lower Shenandoah National Park boundary in Madison County, ~~and~~ in the Dan River and its tributaries between the Townes Dam and the Pinnacles Hydroelectric Project powerhouse in Patrick County *and in the East Fork of Chestnut Creek (Farmer's Creek) and its tributaries upstream from the Blue Ridge Parkway in Grayson and Carroll counties* . All trout caught in these waters must be immediately returned to the water. No trout may be in possession at any time in these areas.

§ 14-1. Special provisions applicable to certain portions of Back Creek, North River and South River.

It shall be lawful to fish from October 1 through May 15, both dates inclusive, using only artificial lures with single hooks *in Back Creek (Bath County) from the Route 600 bridge just below the Virginia Power Back Creek Dam downstream 1.5 miles to the Route 600 bridge at the lower boundary of the Virginia Power Recreational Area*, in the North River (Augusta County) from the base of Elkhorn Dam downstream 1.5 miles to a sign posted at the head of Staunton City Reservoir and in the South River from the Second Street Bridge upstream 2.4 miles to the base of Rife Loth Dam in the city of Waynesboro. From October 1 through May 15, all trout caught in these waters must be immediately returned to the water unharmed, and it shall be unlawful for any person to have in possession any natural bait or trout. During the period of May 16 through September 30, these waters shall revert to general trout regulations and the above restrictions will not apply.

VR 325-03-5. Aquatic Invertebrates, Amphibians, Reptiles and Nongame Fish.

§ 1. Taking aquatic invertebrates, amphibians, reptiles and nongame fish for private use.

A. Generally Possession limits .

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Except as otherwise provided for in § 29.1-418 of the Code of Virginia, VR 325-01-1, § 13 and the sections of this regulation, it shall be lawful to take and possess for private use and not for sale no more than five individuals of any single *native or naturalized* (as defined in VR 325-01-1 § 5) species of amphibian and reptile and 20 individuals of any single *native or naturalized* (as defined in VR 325-01-1 § 5) species of aquatic invertebrate and nongame fish ~~not unless specifically listed in this subsection and 50 individuals, in aggregate, of any species of "fish bait" listed in subsection B of this section:~~ below:

1. The following species may be taken in unlimited numbers from inland waters statewide: carp, bowfin, longnose gar, mullet, bullhead catfish, suckers, gizzard shad, blueback herring, white perch, yellow perch, alewife, stoneroller (hornyhead), fathead minnow, golden shiner and goldfish.

2. The following species may be taken in unlimited numbers from inland waters below the fall line: channel catfish, white catfish and blue catfish. These possession limits apply to all methods of taking aquatic invertebrates, amphibians, reptiles and nongame fish species unless otherwise stated in the Code of Virginia or specific regulations:

3. For the purpose of this regulation, "fish bait" shall be defined as *native or naturalized species of minnows and chubs (Cyprinidae), salamanders, crayfish, and hellgrammites*. The possession limit for "fish bait" shall be 50 individuals in aggregate, unless said person has purchased "fish bait" and has a receipt specifying the number of individuals purchased by species. However, stonerollers (hornyheads), fathead minnows, golden shiners and goldfish may be possessed in unlimited numbers as provided for in subdivision 1 of this subsection.

4. The daily limit for bullfrogs and snapping turtles shall be 15 and bullfrogs and snapping turtles may not be taken from the banks or waters of designated stocked trout waters.

B. "Fish Bait." Methods of taking species in subsection A.

"Fish bait," as used in this section, shall be defined as minnows and chubs (Cyprinidae), salamanders, crayfish and hellgrammites. Except as otherwise provided for in the Code of Virginia, VR 325-01-1, § 13, other regulations of the board, and VR 325-03-5, § 1, subsection A, and except in any waters where the use of nets is prohibited, it shall be lawful to take "fish bait" for private use, but not for sale. Possession limit shall be 50 individuals in aggregate, unless said person has purchased "fish bait" and has a receipt specifying the number of individuals by species purchased. However, stonerollers (hornyheads), fathead minnows, golden shiners and goldfish may be possessed in unlimited numbers as provided for in subsection A of this section. "Fish Bait", the species listed

in subsection A may only be taken by hand, hook and line, with a seine not exceeding four feet in depth by 10 feet in length, an umbrella type net not exceeding five by five feet in diameter square, small minnow traps with throat openings no larger than one inch in diameter, cast nets not to exceed ~~four~~ six feet in radius and hand-held bow nets with diameter not to exceed 20 inches and handle length not to exceed eight feet (such cast net and hand-held bow nets when so used shall not be deemed dip nets under the provisions of § 29.1-416 of the Code of Virginia). Bullfrogs may also be taken by gigging or bow and arrow.

C. Bullfrogs: - It shall be lawful to take bullfrogs for private use except from the banks or waters of designated trout waters. The daily limit for bullfrogs shall be 15.

D. C. Areas restricted from taking mollusks.

Except as provided for in §§ 29.1-418 and 29.1-568 of the Code of Virginia, it shall be unlawful to the taking of take mussels and the spiny riversnail (Io fluviatilis) shall be prohibited in the Tennessee drainage in Virginia (Clinch, Powell and the North, South and Middle Forks of the Holston Rivers and tributaries), and it shall be unlawful to the taking of take mussels is prohibited in the James River and tributaries west of U.S. Route 29 and in the entire North Fork of the Shenandoah River.

E. D. Areas restricted from taking salamanders.

Except as provided for in §§ 29.1-418 and 29.1-568 of the Code of Virginia, it shall be unlawful to the taking of take salamanders shall be prohibited in Grayson Highlands State Park and on National Forest lands in the Jefferson National Forest in those portions of Grayson, Smyth and Washington counties bounded on the east by State Route 16, on the north by State Route 603 and on the south and west by U.S. Route 58.

§ 3. Taking of snapping turtles, crayfish and hellgrammites for sale.

It shall be lawful to take snapping turtles, crayfish and hellgrammites for sale, with the following daily possession limits: crayfish and hellgrammites - 50 in aggregate and snapping turtles - 15. Commercial operations may possess unlimited quantities of crayfish, hellgrammites, and snapping turtles when possession is accompanied by a valid invoice or bill of sale from an individual taking such animals, provided no more than 50 crayfish and hellgrammites in aggregate or 15 snapping turtles can be purchased in any single day from an individual who collected these animals from within the Commonwealth.

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

Title of Regulation: VR 370-01-000. Public Participation Guidelines in the Formation and Development of

Regulations. REPEALED.

Title of Regulation: VR 370-01-000:1. Public Participation Guidelines for Development of Regulations.

Statutory Authority: §§ 9-6.14:7.1 and 9-164(2) of the Code of Virginia.

Public Hearing Date: N/A – Written comments may be submitted until November 20, 1992.

(See Calendar of Events section for additional information)

Summary:

The proposed changes to the Public Participation Guidelines for the Virginia Health Services Cost Review Council will allow all interested persons and organizations to receive adequate notice prior to the initiation of the promulgation of any regulation adopted by the council. It will also allow for adequate participation of those organizations as the adoption process moves through the various phases required in Virginia's Administrative Process Act.

VR 370-01-000:1. Public Participation Guidelines for Development of Regulations.

§ 1. Definitions.

A. For the purpose of these public participation guidelines for development of regulations, the words or terms shall have the meanings given them in subsection C of this section.

B. Unless specifically defined in this regulation, terms used shall have the meanings commonly ascribed to them.

C. Terms defined.

"Administrative Process Act" means Chapter 1.1:1 (§ 9-6.14:1 et seq.) of Title 9 of the Code of Virginia.

"Approving authority" means the Virginia Health Services Cost Review Council established by Chapter 26 (§ 9-156 et seq.) of Title 9 of the Code of Virginia which has the legal authority to adopt regulations.

"Director" means the executive director and staff of the Virginia Health Services Cost Review Council which positions are established pursuant to the Code of Virginia to implement programs and provides administrative support to the approving authority.

"Governor's Executive Order" means any policy or procedure issued by the Governor under § 2.1-41.1 or § 9-6.14:9.1 A of the Code of Virginia establishing the administrative policy and procedures for gubernatorial review and regulatory actions governed by the Administrative Process Act.

§ 2. General.

A. The procedures in § 3 of this regulation shall be used for soliciting the input of interested parties in the formation and development or repeal of regulations and any revision thereto in accordance with the Administrative Process Act, Chapter 1.1:1 (§ 9-6.14:1 et seq.) of Title 9 of the Code of Virginia. These procedures shall not only be utilized prior to the formation and drafting of regulations, but shall be utilized during the entire formation, promulgation and final adoption process.

B. At the discretion of the approving authority or the director, the procedures in § 3 may be supplemented by any means and in any manner to gain additional public participation in the regulation adoption process, provided such means allows for balanced participation by the interested parties.

C. The failure of any person or organization to receive any notice or copies of any documents shall not affect the validity of any regulation otherwise adopted in accordance with the Administrative Process Act and Governor's Executive Order.

§ 3. Public participation procedures.

A. The director shall establish and maintain a list consisting of parties expressing an interest in the adoption, amendment, or repeal of regulations.

B. Whenever the approving authority so directs, or upon his own initiative, the director may commence the regulation adoption process according to these procedures and proceed to draft a proposal.

C. The director shall issue a notice of intended regulatory action (NOIRA) for all regulatory proposals in accordance with the Administrative Process Act.

1. The NOIRA shall include, in addition to the requirements of the Registrar of Regulations:

- a. A statement as to the need for regulatory action.
- b. A description, if possible, of alternatives available to meet the need.
- c. A request for comments on the intended regulatory action, to include any ideas to assist the director in the drafting and formation of any proposed regulation developed pursuant to the NOIRA.
- d. A request for comments on the costs and benefits of the stated alternatives or other alternatives.

2. The public comment period for NOIRAs under subdivision C 1 of this section shall be no less than 15 days after publication in The Virginia Register.

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D. The director shall disseminate the NOIRA to the public via the following:

1. Distribution to the Registrar of Regulations for publication in the Virginia Register.
2. Distribution by mail to parties on the list established under subsection A of this section.

E. After consideration of public input, the director may prepare the draft proposed regulation and prepare the notice of public comment (NOPC) and any supporting documentation required for review by the Administrative Process Act and Governor's Executive Order. A summary of comments received in response to the NOIRA shall be distributed to the approving authority for its review. The NOPC shall include, in addition to the requirements of the Registrar of Regulations, a notice of the opportunity to comment on the proposed regulation and a request for comments on the costs and benefits of the proposal. The NOPC shall also state that an analysis of the following has been conducted by the agency and is available to the public upon request:

1. Statement of purpose - why the regulation is proposed and the desired end result or objective of the regulation.
2. Estimated impact:
 - a. Number and types of regulated entities or persons affected.
 - b. Projected cost to regulated entities (and to the public, if applicable) for implementation and compliance.
 - c. Projected cost to agency for implementation and enforcement.
3. Explanation of need for the proposed regulation and potential consequences that may result in the absence of the regulation.
4. An estimate of the impact of the proposed regulation upon small businesses or organizations in Virginia.
5. A discussion of alternative approaches that were considered to meet the need which the proposed regulation addresses, and agency assurance that the proposed regulation is the least burdensome available alternative.
6. A schedule setting forth when, within two years after a regulation is promulgated, the director will evaluate it for effectiveness and continued need.
7. The public comment period shall close no less than 60 days after publication of the NOPC in the Virginia Register.

G. The NOPC may also include the time, date, and location of a public hearing to receive comments on the proposed regulation. The hearing may be held at any time during the public comment period. The hearing may be held in such location as the agency determines will best facilitate input from the affected parties.

H. The director shall prepare a summary of comments received in response to the NOIRA and submit them to the approving authority as part of the agency record.

I. Upon approval of the draft proposed regulation by the approving authority, the agency may publish the proposal for public comment.

J. The director may disseminate the NOPC to the public via the following:

1. Distribution to the Registrar of Regulations for:
 - a. Publication in the Virginia Register.
 - b. Publication in a newspaper of general circulation published at the state capital and such other newspapers as the agency may deem appropriate.
2. Distribution by mail to parties on the list established under subsection A of this section.

K. Concurrently with distribution of the NOPC to the Registrar of Regulations, the director shall submit the proposed regulation and supporting documentation required for review in accordance with the Administrative Process Act and Governor's Executive Order.

L. Completion of the remaining steps in the adoption process shall be carried out in accordance with the Administrative Process Act and Governor's Executive Order.

* * * * *

Title of Regulation: VR 370-01-001. Rules and Regulations of the Virginia Health Services Cost Review Council.

Statutory Authority: §§ 9-158, 9-160 and 9-164 of the Code of Virginia.

Public Hearing Date: N/A – Written comments may be submitted until November 21, 1992.

(See Calendar of Events section for additional information)

Summary:

The proposed change to the definition of "charity care" would ensure that the definition utilized by Virginia Health Services Cost Review Council and the definition utilized by the Indigent Health Care Trust Fund Program operated by the Department of Medical Assistance Services would be consistent. This is

beneficial in that much of the fiscal information utilized by the Virginia Indigent Health Care Trust Fund is provided by the council to the Department of Medical Assistance Services as it determines trust fund allocations to hospitals each year. The Virginia Health Services Cost Review Council therefore adopted a proposed regulation for public comment that would ensure that a clarifying definition of "charity care" would be placed in the definition portion of the council's regulations that is consistent with the Department of Medical Assistance Services' statutory definition of "charity care."

VR 370-01-001. Rules and Regulations of the Virginia Health Services Cost Review Council.

PART I. DEFINITIONS.

§ 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meaning:

"Adjusted patient days" means inpatient days divided by the percentage of inpatient revenues to total patient revenues.

"Aggregate cost" means the total financial requirements of an institution which shall be equal to the sum of:

1. The institution's reasonable current operating costs, including reasonable expenses for operating and maintenance of approved services and facilities, reasonable direct and indirect expenses for patient care services, working capital needs and taxes, if any;
2. Financial requirements for allowable capital purposes, including price level depreciation for depreciable assets and reasonable accumulation of funds for approved capital projects;
3. For investor-owned institutions, after tax return on equity at the percentage equal to two times the average of the rates of interest on special issues of public debt obligations issued to the Federal Hospital Insurance Trust Fund for the months in a provider's reporting period, but not less, after taxes, than the rate or weighted average of rates of interest borne by the individual institution's outstanding capital indebtedness. The base to which the rate of return determined shall be applied is the total net assets, adjusted by paragraph 2 of this section, without deduction of outstanding capital indebtedness of the individual institution for assets required in providing institutional health care services;
4. For investor-owned institutions organized as proprietorships, partnerships, or S-corporations an imputed income tax, for fiscal years ending July 1, 1989, or later, at a combined federal and state income

tax rate equal to the maximum tax rates for federal and state income taxes. The combined rate for 1989 is equal to 34% for individuals and 40% for corporations. Such tax computation shall be exclusive of net operating loss carryforwards prior to July 1, 1989. Operating losses incurred after July 1, 1989, may be carried forward no more than five years but may not be carried back prior years. The schedule of imputed income taxes shall be reported as a note to the financial statements or as a supplemental schedule of the certified audited financial statements submitted to the Virginia Health Services Cost Review Council by the institution.

"Certified nursing facility" means any skilled nursing facility, skilled care facility, intermediate care facility, nursing or nursing care facility, or nursing home, whether freestanding or a portion of a freestanding medical care facility, that is certified as a Medicare or Medicaid provider, or both, pursuant to § 32.1-137.

"Charity care" means hospital care for which no payment is received and which is provided to any person whose gross annual family income is equal to or less than 100% of the federal nonfarm poverty level as published for the then current year in the Code of Federal Regulations.

"Council" means the Virginia Health Services Cost Review Council.

"Consumer" means any person (i) whose occupation is other than the administration of health activities or the provision of health services (ii) who has no fiduciary obligation to a health care institution or other health agency or to any organization, public or private, whose principal activity is an adjunct to the provision of health services, or (iii) who has no material financial interest in the rendering of health services.

"Health care institution" means (i) a general hospital, ordinary hospital, or outpatient surgical hospital, nursing home or certified nursing facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1, (ii) a mental or psychiatric hospital licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1 and (iii) a hospital operated by the University of Virginia or Virginia Commonwealth University. In no event shall such term be construed to include any physician's office, nursing care facility of a religious body which depends upon prayer alone for healing, independent laboratory or outpatient clinic.

"Hospital" means any facility licensed pursuant to §§ 32.1-123, et seq. or 37.1-179 et seq. of the Code of Virginia.

"Late charge" means a fee that is assessed a health care institution that files its budget, annual report, or charge schedule with the council past the due date.

"Nursing home" means any facility or any identifiable

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component of any facility licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1, in which the primary function is the provision, on a continuing basis, of nursing services and health-related services for the treatment and inpatient care of two or more nonrelated individuals, including facilities known by varying nomenclature or designation such as convalescent homes, skilled nursing facilities or skilled care facilities, intermediate care facilities, extended care facilities and nursing or nursing care facilities.

“*Voluntary cost review organization*” means a nonprofit association or other nonprofit entity which has as its function the review of health care institutions’ costs and charges but which does not provide reimbursement to any health care institution or participate in the administration of any review process under Chapter 4 of Title 32.1 of the Code of Virginia.

“*Patient day*” means a unit of measure denoting lodging facilities provided and services rendered to one inpatient, between census-taking-hour on two successive days. The day of admission but not the day of discharge or death is counted a patient day. If both admission and discharge or death occur on the same day, the day is considered a day of admission and counts as one patient day. For purposes of filing fees to the council, newborn patient days would be added. For a medical facility, such as an ambulatory surgery center, which does not provide inpatient services, each patient undergoing surgery during any one 24-hour period will be the equivalent to one patient day.

PART II. GENERAL INFORMATION.

§ 2.1. Authority for regulations.

The Virginia Health Services Cost Review Council, created by §§ 9-156 through 9-166 of the Code of Virginia, is required to collect, analyze and make public certain financial data and findings relating to hospitals which operate within the Commonwealth of Virginia. Section 9-164 of the Code of Virginia directs the council from time to time to make such rules and regulations as may be necessary to carry out its responsibilities as prescribed in the Code of Virginia.

§ 2.2. Purpose of rules and regulations.

The council has promulgated these rules and regulations to set forth an orderly administrative process by which the council may govern its own affairs and require compliance with the provisions of §§ 9-156 through 9-166 of the Code of Virginia.

§ 2.3. Administration of rules and regulations.

These rules and regulations are administered by the Virginia Health Services Cost Review Council.

§ 2.4. Application of rules and regulations.

These rules and regulations have general applicability throughout the Commonwealth. The requirements of the Virginia Administrative Process Act, codified as § 9-6.14:1, et seq. of the Code of Virginia applied to their promulgation.

§ 2.5. Effective date of rules and regulations.

These rules and regulations or any subsequent amendment, modification, or deletion in connection with these rules and regulations shall become effective 30 days after the final regulation is published in the Virginia Register.

§ 2.6. Powers and procedures of regulations not exclusive.

The council reserves the right to authorize any procedure for the enforcement of these regulations that is not inconsistent with the provision set forth herein and the provisions of § 9-156 et seq. of the Code of Virginia.

PART III. COUNCIL PURPOSE AND ORGANIZATION.

§ 3.1. Statement of mission.

The council is charged with the responsibility to promote the economic delivery of high quality and effective institutional health care services to the people of the Commonwealth and to create an assurance that the charges are reasonably related to costs.

The council recognizes that health care institutional costs are of vital concern to the people of the Commonwealth and that it is essential for an effective cost monitoring program to be established which will assist health care institutions in controlling their costs while assuring their financial viability. In pursuance of this policy, it is the council’s purpose to provide for uniform measures on a statewide basis to assist in monitoring the costs of health care institution’s without sacrifice of quality of health care services and to analyze the same to determine if charges and costs are reasonable.

§ 3.2. Council chairman.

The council shall annually elect one of its consumer members to serve as chairman. The chairman shall preside at all meetings of the council and shall be responsible for convening the council.

§ 3.3. Vice-chairman.

The council shall annually elect from its membership a vice-chairman who shall assume the duties of the chairman in his absence or temporary inability to serve.

§ 3.4. Expense reimbursement.

Members of the council shall be entitled to be reimbursed in accordance with state regulations for

necessary and proper expenses incurred in the performance of their duties on behalf of the council.

§ 3.5. Additional powers and duties.

The council shall exercise such additional powers and duties as may be specified in the Code of Virginia.

PART IV. VOLUNTARY COST REVIEW ORGANIZATIONS.

§ 4.1. Application.

Any organization desiring approval as a voluntary rate review organization may apply for approval by using the following procedure:

1. Open application period. A voluntary cost review organization may apply for designation as an approved voluntary cost review organization to be granted such duties as are prescribed in § 9-162 of the Code of Virginia.
2. Contents of application. An application for approval shall include:
 - a. Documentation sufficient to show that the applicant complies with the requirements to be a voluntary cost review organization, including evidence of its nonprofit status. Full financial reports for the one year preceding its application must also be forwarded. If no financial reports are available, a statement of the projected cost of the applicant's operation with supporting data must be forwarded;
 - b. If any of the organization's directors or officers have or would have a potential conflict of interests affecting the development of an effective cost monitoring program for the council, statements must be submitted with the application to fully detail the extent of the other conflicting interest;
 - c. A detailed statement of the type of reports and administrative procedures proposed for use by the applicant;
 - d. A statement of the number of employees of the applicant including details of their classification; and
 - e. Any additional statements or information which is necessary to ensure that the proposed reporting and review procedures of the applicant are satisfactory to the council.

§ 4.2. Review of application.

A. Designation.

Within 45 calendar days of the receipt of an application for designation as a voluntary cost review organization, the

council shall issue its decision of approval or disapproval. Approval by the council shall take effect immediately.

B. Disapproval.

The council may disapprove any application for the reason that the applicant has failed to comply with application requirements, or that the applicant fails to meet the definition of a cost review organization, or fails to meet the specifications cited in paragraph A above concerning application contents or that the cost and quality of the institutional reporting system proposed by the applicant are unsatisfactory.

C. Reapplication.

An organization whose application has been disapproved by the council may submit a new or amended application to the council within 15 calendar days after disapproval of the initial application. An organization may only reapply for approval on one occasion during any consecutive 12-month period.

§ 4.3. Annual review of applicant.

A. By March 31 of each year, any approved voluntary cost review organization for the calendar year then in progress which desires to continue its designation shall submit an annual review statement of its reporting and review procedures.

B. The annual review statement shall include:

1. Attestation by the applicant that no amendments or modifications of practice contrary to the initially approved application have occurred; or
2. Details of any amendments or modifications to the initially approved application, which shall include justifications for these amendments or modifications.

C. The council may require additional information from the applicant supporting that the applicant's reports and procedures are satisfactory to the council.

§ 4.4. Revocation of approval.

The council may revoke its approval of any cost review organization's approval when the review procedures of that organization are no longer satisfactory to the council or for the reason that the voluntary cost review organization could be disapproved under § 4.2 B of these regulations.

§ 4.5. Confidentiality.

A voluntary cost review organization approved as such by the council shall maintain the total confidentiality of all filings made with it required by these regulations or law. The contents of filings or reports summaries and recommendations generated in consequence of the council's regulations may be disseminated only to members

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of the council, the council's staff and the individual health care institution which has made the filings or which is the subject of a particular report.

PART V. CONTRACT WITH VOLUNTARY COST REVIEW ORGANIZATION.

§ 5.1. Purpose.

It is the intention of the council to exercise the authority and directive of § 9-163 of the Code of Virginia whereby the council is required to contract with any voluntary cost review organization for services necessary to carry out the council's activities where this will promote economy and efficiency, avoid duplication of effort, and make best use of available expertise.

§ 5.2. Eligibility.

In order for a voluntary cost review organization to be eligible to contract with the council, it shall have met all other requirements of §§ 4.1 and 4.5 of these regulations relating to voluntary cost review organization and have been approved as such an organization.

§ 5.3. Contents of contract.

The written agreement between the council and any voluntary cost review organization shall contain such provisions which are not inconsistent with these regulations or law as may be agreed to by the parties. Any such contract shall be for a period not to exceed five years.

PART VI. FILING REQUIREMENTS AND FEE STRUCTURE.

§ 6.1. Each individual health care institution shall file an annual report of revenues, expenses, other income, other outlays, assets and liabilities, units of service, and related statistics as prescribed in § 9-158 of the Code of Virginia on forms provided by the council together with the certified audited financial statements (or equivalents) as prescribed in § 9-159 of the Code of Virginia. The annual report and the certified audited financial statement shall be received by the council no later than 120 days after the end of the respective applicable health care institution's fiscal year. Extensions of filing times for the annual report or the certified audited financial statement may be granted for extenuating circumstances upon a health care institution's written application for a 30-day extension. Such request for extension shall be filed no later than 120 days after the end of a health care institution's fiscal year. The requirement for the filing of an annual report and a certified audited financial statement may be waived if a health care institution can show that an extenuating circumstance exists. Examples of an extenuating circumstance include, but are not limited to, involvement by the institution in a bankruptcy proceeding, closure of the institution, or the institution is a new facility that has recently opened.

Each health care institution with licensed nursing home beds or certified nursing facility beds shall exclude all revenues, expenses, other income, other outlays, assets and liabilities, units of service and related statistics directly associated with a hospital, continuing care retirement community, or with home for adult beds in the annual report filed with the council. The cost allocation methodology required by the Virginia Department of Medical Assistance Services and Medicare for cost reports submitted to it shall be utilized for findings submitted to the council.

§ 6.2. Each individual health care institution shall file annually a projection (budget) of annual revenues and expenditures as prescribed in § 9-161 B of the Code of Virginia on forms provided by the council. The institution's projection (budget) shall be received by the council no later than 60 days before the beginning of its respective applicable fiscal year. An institution's budget for a given fiscal year will not be accepted for review unless the institution has already filed its annual report and certified audited financial statement for the previous fiscal year. This regulation shall be applicable to nursing homes or certified nursing facilities for each fiscal year starting on or after June 30, 1990. Each health care institution with licensed nursing home beds or certified nursing facility beds shall exclude all revenues, expenses, other income, other outlays, assets and liabilities, units of service and related statistics directly associated with a hospital, continuing care retirement community, or with home for adult beds in the budget filed with the council. The cost allocation methodology required by the Virginia Department of Medical Assistance Services and Medicare for cost reports submitted to it shall be utilized for findings submitted to the council.

§ 6.3. Each health care institution shall file annually a schedule of charges to be in effect on the first day of such fiscal year, as prescribed in § 9-161 D of the Code of Virginia. The institution's schedule of charges shall be received by the council within 10 days after the beginning of its respective applicable fiscal year or within 15 days of being notified by the council of its approval of the charges, whichever is later.

Any subsequent amendment or modification to the annually filed schedule of charges shall be filed at least 60 days in advance of its effective date, together with supporting data justifying the need for the amendment. An institution's proposed amendment or modification to its annually filed schedule of charges shall not be accepted for review unless the institution has complied with all prior filing requirements contained in §§ 6.1 and 6.2 for previous fiscal years. Changes in charges which will have a minimal impact on revenues are exempt from this requirement. Any change in an institution's charges or cumulative changes in charges that will increase or decrease council-approved budgeted gross patient services revenue by less than 1.0% of annual revenue for the remaining portion of the budgeted fiscal year are considered minimal and need not be reported. All other

changes must be reported.

§ 6.3:1. Each health care institution shall file annually a survey of rates charged. For hospitals, the survey shall consist of up to 30 select charges, including semi-private and private room rates. The survey shall also consist of charges of the most frequently occurring diagnoses or procedures for inpatient and outpatient treatment. The charges shall be calculated by taking an average for one month of all patient bills where the requested CPT or ICD-9 code numbers are indicated as the principal diagnosis or procedure. This information shall be received by the council from each hospital no later than April 30 of each year.

The annual charge survey for nursing homes shall include up to 30 select charges, including semi-private and private room rates. The select charges shall reflect the rates in effect as of the first day of a sample month to be chosen by the council. This information shall be provided to the council no later than March 31 of each year.

§ 6.3:2. Each hospital or any corporation that controls a hospital shall respond to a survey conducted by the council to determine the extent of commercial diversification by such hospitals in the Commonwealth. The survey shall be in a form and manner prescribed by the council and shall request the information specified in subdivision a, f, g, h and i below on each hospital or such corporation and, with respect to any tax-exempt hospital or controlling corporation thereof, the information specified in subdivision a through i below for each affiliate of such hospital or corporation, if any:

- a. The name and principal activity;
- b. The date of the affiliation;
- c. The nature of the affiliation;
- d. The method by which each affiliate was acquired or created;
- e. The tax status of each affiliate and, if tax-exempt, its Internal Revenue tax exemption code number;
- f. The total assets;
- g. The total revenues;
- h. The net profit after taxes, or if not-for-profit, its excess revenues; and
- i. The net quality, or if not-for-profit, its fund balance.

§ 6.3:3. The information specified in § 6.3:2 shall relate to any legal controls that exist as of the 1st of July of each calendar year in which the survey is required to be submitted.

§ 6.3:4. Each hospital or any corporation that controls a hospital and that is required to respond to the survey specified in § 6.3:2 shall complete and return the survey to the council by the 31st day of August of each calendar year or 120 days after the hospital's fiscal year end, whichever is later, in which the survey is required to be submitted.

§ 6.3:5. Each hospital that reports to the council or any corporation which controls a hospital that reports to the council shall submit an audited consolidated financial statement to the council which includes a balance sheet detailing its total assets, liabilities and net worth and a statement of income and expenses and includes information on all such corporation's affiliates.

§ 6.4. All filings prescribed in § 6.1, § 6.2 and § 6.3:2 of these regulations will be made to the council for its transmittal to any approved voluntary cost review organization described in Part IV of these regulations.

§ 6.5. A filing fee based on an adjusted patient days rate shall be set by the council, based on the needs to meet annual council expenses. The fee shall be established and reviewed at least annually and reviewed for its sufficiency at least annually by the council. All fees shall be paid directly to the council. The filing fee shall be no more than 11 cents per adjusted patient day for each health care institution filing. Prior to the beginning of each new fiscal year, the council shall determine a filing fee for hospitals and a filing fee for nursing homes based upon the council's proportionate costs of operation for review of hospital and nursing home filings in the current fiscal year, as well as the anticipated costs for such review in the upcoming year.

§ 6.6. Fifty percent of the filing fee shall be paid to the council at the same time that the health care institution files its budget under the provisions of § 6.2 of these regulations. The balance of the filing fee shall be paid to the council at the same time the health care institution files its annual report under the provisions of § 6.1 of these regulations. When the council grants the health care institution an extension, the balance of the filing fee shall be paid to the council no later than 120 days after the end of the respective applicable health care institution's fiscal year. During the year of July 1, 1989, through June 30, 1990, each nursing home and certified nursing facility shall pay a fee of 7 cents per adjusted patient day when it files its annual report in order to comply with subdivisions A1 and A2 of § 9-159 of the Code of Virginia. Following June 30, 1990, all nursing homes and certified nursing facilities shall submit payment of the filing fees in the amount and manner as all other health care institutions.

§ 6.7. A late charge of \$10 per working day shall be paid to the council by a health care institution that files its budget, annual report or certified audited financial statement past the due date. The late charge may be waived if a health care institution can show that an

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extenuating circumstance exists. Examples of extenuating circumstance include, but are not limited to, involvement by the institution in a bankruptcy proceeding, closure of the institution, change of ownership of the institution, or the institution is a new facility that has recently opened.

§ 6.8. A late charge of \$50 shall be paid to the council by the health care institution that files the charge schedule past the due date.

§ 6.9. A late charge of \$25 per working day shall be paid to the council by the reporting entity required to complete the survey required in § 6.3:2 or file the audited consolidated financial statement required by § 6.3:5 or both.

§ 6.10. A late charge of \$25 per working day shall be paid to the council by the reporting entity required to complete the survey required in § 6.3:1.

PART VII. WORK FLOW AND ANALYSIS.

§ 7.1. The annual report data filed by health care institutions as prescribed in § 6.1 of these regulations shall be analyzed as directed by the council. Hospitals that are part of a hospital system will be analyzed on a systemwide basis. Summarized analyses and comments shall be reviewed by the council at a scheduled council meeting within approximately 75 days after receipt of properly filed data, after which these summaries and comments, including council recommendations, may be published and disseminated as determined by the council. The health care institution which is the subject of any summary, report, recommendation or comment shall receive a copy of same at least 10 days prior to the meeting at which the same is to be considered by the council.

§ 7.2. The annual schedule of charges and projections (budget) of revenues and expenditures filed by health care institutions as prescribed in § 6.2 of these regulations shall be analyzed as directed by the council. Hospitals that are part of a hospital chain may have their filings reviewed on a consolidated basis. Summarized analyses and comments shall be reviewed by the council at a scheduled council meeting within approximately 75 days after receipt of properly filed data, after which these summaries and comments, including council recommendations will be published and disseminated by the council. Amendments or modifications to the annually filed schedule of charges shall be processed in a like manner and reviewed by the council no later than 50 days after receipt of properly filed amendments or modifications. Any health care institution which is the subject of summaries and findings of the council shall be given upon request an opportunity to be heard before the council.

PART VIII. PUBLICATION AND DISSEMINATION OF INFORMATION RELATED TO HEALTH CARE

INSTITUTIONS.

§ 8.1. The staff findings and recommendations and related council decisions on individual health care institutions' annual historical data findings will be kept on file at the council office for public inspection. However, the detailed annual historical data filed by the individual health care institutions will be excluded from public inspection in accordance with § 9-159 B, of the Code of Virginia.

§ 8.2. Periodically, but at least annually, the council will publish the rates charged by each health care institution in Virginia for up to 30 of the most frequently used services in Virginia, including each institution's average semiprivate and private room rates. The data will be summarized by geographic area in Virginia, and will be kept on file at the council office for public inspection and made available to the news media. In addition, annual charge schedules and subsequent amendments to these schedules filed under the provisions of § 6.3 of these rules and regulations will be kept on file at the council office for public inspection. Staff findings and recommendations and related council decisions on changes to health care institutions' rates and charges will also be kept on file at the council office for public inspection and available to the news media.

§ 8.3. Periodically, but at least annually, the council will publish an annual report which will include, but not be limited to the following: cost per admission comparison, cost per patient day comparison, percentage increase in cost per patient day, budget and historical reports reviewed, interim rate changes, excess operating expenses, revenue reduction recommendations, operating profits and losses, deductions from revenue (contractuals, bad debts, and charity care) and hospital utilization.

§ 8.3.1. The council will also periodically publish and disseminate information which will allow consumers to compare costs and services of hospitals, nursing homes and certified nursing facilities.

§ 8.4. The staff findings and recommendations and related council decisions on individual health care institutions' annual budget and related rate filings will be kept on file at the council office for public inspection. However, the detailed annual budget data filed by the individual health care institutions will be excluded from public inspection.

§ 8.5. The council may release historical financial and statistical data reported by health care institutions to state or federal commissions or agencies based on individual, specific requests, and the merit of such requests. Requests must list the purpose for which the requested data is to be used to permit the council to reach a valid decision on whether or not the data requested will fit the need and should, therefore, be made available. Under no circumstances will data be released which contains "personal information" as defined in § 2.1-379(2) of the Code of Virginia.

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§ 8.6. The council shall not release prospective (budgeted) financial and statistical data reported by health care institutions to anyone, except for the staff findings and recommendations as provided for in § 8.4 of these regulations.

§ 8.7. No data, beyond that specified in §§ 8.1 through 8.4 of these regulations will be released to other nongovernmental organizations and entities, except that data deemed pertinent by the council in negotiations with third-party payors such as Blue Cross/Blue Shield, commercial insurers, etc. Such pertinent data may be released and used on an exception, as needed, basis.

§ 8.8. Except for data specified in §§ 8.1 through 8.4 of these regulations available to anyone, the council shall have a right to furnish data, or refuse to furnish data, based on merit of the request and ability to furnish data based on data and staff time availability. The council may levy a reasonable charge to cover costs incurred in furnishing any of the data described in this section of the rules and regulations.

NOTICE: The forms used in administering the Virginia Health Services Cost Review Council Regulations are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Virginia Health Services Cost Review Council, 805 East Broad Street, 9th Floor, Richmond, Virginia, or at the Office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Room 262, Richmond, Virginia.

Budget Submission for Acute Care Facilities

Historical Submission for Long Term Care Facilities

Budget Submission for Long Term Care Facilities

Historical Submission Forms - Explanatory Comments

Budget Submission for Outpatient Surgical Hospitals

Historical Submission for Acute and Psychiatric Care Facilities

Budget Submission for Acute Care and Psychiatric Facilities

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

REGISTRAR'S NOTICE: Due to the length of VR 460-02-2.2100 and VR 460-02-2.6100, only the amended pages are being published; however, the full text is being published of the other regulations relating to the Health Insurance Premium Payment Program.

Title of Regulation: State Plan for Medical Assistance Relating to Health Insurance Premium Payment

Program (HIPP).

VR 460-01-29.4. Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations.

VR 460-01-70. Third Party Liability.

VR 460-02-2.2100. Groups Covered and Agencies Responsible for Eligibility Determination (Attachment 2.2 A).

VR 460-02-2.6100. Eligibility Conditions and Requirements (Attachment 2.6 A).

VR 460-02-4.2230. State Method on Cost Effectiveness of Employer-Based Group Health Plans (Attachment 4.22 C).

VR 460-04-4.2230. Health Insurance Premium Payment Program.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Public Hearing Date: N/A – Written comments may be submitted until November 20, 1992.

(See Calendar of Events section for additional information)

Summary:

The purpose of this proposal is to implement the mandates of § 1906 of the Act to provide for:

a) The identification of cases in which the enrollment of Medicaid recipients in group health plans is likely to be cost effective;

b) The requirement that recipients in such cases enroll in the available group health plan as a condition of continued eligibility for Medicaid;

c) The provision for payment of premiums and other cost-sharing obligations for items and services otherwise covered by Medicaid; and

d) The treatment of the group health plan as a third party liability resource resulting, thereby, in such plans becoming primary sources of health care payments for the affected Medicaid recipients.

This regulatory action adds several new federal preprinted pages to the State Plan for Medical Assistance as well as new Attachment 4.22-C. It also creates new state regulations VR 460-04-4.2230.

Prior to Congressional passage of the OBRA 90 mandate to provide for payment of group health premiums for Medicaid recipients, no such requirement existed in Title XIX of the Social Security Act. DMAS will review cases using the average expected Medicaid expenditures of each family member, the benefits and exclusions of group health plans, the administrative cost to the agency and the cost of employees' premiums for the group health plans. If payment of the cost of premiums is likely to be less than payment of Medicaid expenditures for the same services covered by the group health plan, then DMAS shall authorize such payments of premiums.

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Such authorization shall be redetermined by DMAS every six months and will be effective as long as the case remains Medicaid eligible and enrollment in the group health plan is maintained. DMAS must determine that such group health plans are likely to be cost effective on an ongoing basis.

A group health plan is any plan of, or contributed to by, an employer (including a self-insured plan) which provides health care (directly or otherwise) to the employer's employees, former employees or the families of such employees, former employees and all of these groups' dependents consistent with the Act. These plans' coverages will be limited by the eligibility and enrollment restrictions which have been established by each employer.

VR 460-01-29.4. Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations.

Citation: 1902(a)(55) of the Act

Condition or Requirement

(c) Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the state plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in § 4.22(h).

Citation: 1902(a)(10)(F) of the Act

Condition or Requirement

(d) The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

VR 460-01-70. Third Party Liability.

Citation: 42 CFR 433.151(a), 50 FR 46652

4.22 (continued)

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the state as a condition of eligibility for medical assistance with at least one of the following: (Check

as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate state agency(s)

Other appropriate agency(s) of another state

Courts and law-enforcement officials.

Citation: 42 CFR 433.151(b), 50 FR 46652

(g) The Medicaid agency meets the requirements of 42 CFR 433.153 and 433.154 for making incentive payments and for distributing third party collections.

Incentive payments under § 433.153 to are not applicable to Virginia Medicaid since the state will be making collections itself (refer to State Medicaid Manual Part 3 - Eligibility (December 1985 § 3906 B)

Citation: 1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

The Secretary's method as provided in the State Medicaid Manual, § 3910.

The state provides methods for determining cost effectiveness on Attachment 4.22-C (VR 460-02-4.2230).

VR 460-02-2.2100. Groups Covered and Agencies Responsible for Eligibility Determination (Attachment 2.2 A).

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

Citation: 1906 of the Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of ~~months~~ one month .

Citation: 1902(a)(10)(F) and 1902(u)(1) of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under § 1612 of the Act for purposes of the SSI program, is no more than 100% of the federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the state determines that the cost of COBRA premiums is likely

to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

Citation: 1906 of the Act

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

12. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of ~~months~~ *one month*.

VR 460-02-2.6100. Eligibility Conditions and Requirements (Attachment 2.6 A).

Citation: 1906 of the Act

Condition or Requirement

10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

VR 460-02-4.2230. State Method on Cost Effectiveness of Employer-Based Group Health Plans (Attachment 4.22 C).

Citation: § 1906 of the Act

§ 1. Definitions.

The following words and terms, when used in these regulations, shall have the following meanings, unless the context clearly indicates otherwise:

"Case" means all recipients with the same Medicaid case number or all recipients who are members of the same immediate family (spouses and children of the person carrying the group health plan policy) who are living in the same household.

"Code" means the Code of Virginia.

"Cost effective" and "cost effectiveness" mean the reduction in Title XIX expenditures, which are likely to be greater than the additional expenditures for premiums and cost-sharing items required under § 1906 of the Social Security Act (the Act), with respect to such enrollment.

"DMAS" means the Department of Medical Assistance Services consistent with Chapter 10 (§ 32.1-323 et seq.) of Title 32.1 of the Code of Virginia.

"Group health plan" means any plan of, or contributed to by, an employer (including a self-insured plan) to provide health care (directly or otherwise) to the

employer's employees, former employees, or the families of such employees or former employees consistent with the meaning given such term in § 1906 of the Act.

"HIPP" means the Health Insurance Premium Payment Program administered by DMAS consistent with § 1906 of the Act.

"Premium" means that portion of the cost for the group health plan which is the responsibility of the person carrying the group health plan policy.

"Recipient" means a person who has been determined to be Medicaid eligible by the Department of Social Services and who has been added to the Medicaid recipient eligibility file.

§ 2. Program purpose.

The purpose of the HIPP Program shall be:

1. To identify cases in which enrollment of a recipient in an available group health plan is likely to be cost effective;
2. To require that recipients in those cases enroll in the available group health plan as a condition of continued Medicaid eligibility;
3. To provide for payment of the premiums and other cost-sharing obligations for items and services otherwise covered under the State Plan for Medical Assistance (the Plan); and
4. To treat coverage under such group health plan as a third party liability consistent with § 1906 of the Act.

§ 3. Recipient eligibility.

All Medicaid eligible recipients shall be eligible for consideration for HIPP, except those identified below:

1. The recipient is Medicaid eligible due to "spend-down";
2. The recipient is only retroactively eligible for Medicaid;
3. The recipient has a deduction from patient pay responsibility to cover the insurance premium;
4. The recipient is a child whose parent is absent from the household and such parent is required by the Code or by court order to provide group health insurance coverage and payment of health care services for the recipient, as appropriate; or
5. The recipient is eligible for Medicare Part B, but is not enrolled in Part B.

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§ 4. Condition of Medicaid eligibility.

When DMAS determines that a group health plan is likely to be cost effective based on its established methodology, it shall require recipients to enroll in that group health plan as a condition of continued Medicaid eligibility. Noncompliance creates ineligibility for Medicaid until the recipient complies.

A. Cooperation required.

The recipient or a person acting on the recipient's behalf shall, as a condition of continued Medicaid eligibility, cooperate in providing information necessary for DMAS to establish availability of the group health plan and shall apply for enrollment in the group health plan unless good cause for failure to cooperate has been established or unless the recipient is unable to enroll on his own behalf. Once the good cause circumstances no longer exist, the recipient or person acting on behalf of the recipient shall be required to comply.

B. Noncooperation of parent or spouse.

When a parent or spouse fails to provide information necessary to determine availability of a group health plan, fails to enroll in the group health plan that DMAS has determined to be cost effective or the most cost effective in the case of multiple plans, or disenrolls from a group health plan that DMAS has determined to be cost effective, eligibility for Medicaid benefits for the recipient child or recipient spouse shall not be affected.

C. Application required.

If the recipient is not already enrolled in a group health plan at the time the cost effectiveness determination is made or is not enrolled in the most cost effective group health plan, the recipient may not be able to enroll in such group health plan until a later date (such as an open enrollment period). The recipient shall provide to DMAS a completed application for enrollment as proof of cooperation within 30 days of receipt of such request from DMAS. The recipient shall, as a condition of continued Medicaid eligibility, enroll in the group health plan at the earliest date in which enrollment is possible, unless good cause for failure to cooperate has been established or unless the recipient is unable to enroll on his own behalf.

D. Noncompliance.

If a recipient does not enroll in the group health plan which DMAS has determined to be cost effective or the most cost effective in the case of multiple plans, or refuses to provide DMAS a completed application for enrollment in the group health plan within the deadline given, the recipient shall lose eligibility for Medicaid. Medicaid eligibility shall end after appropriate written notice is given to the recipient as required by 42 CFR § 431.211. This ineligibility shall remain effective until the earliest date that the recipient could next enroll in the

group health plan.

E. Disenrollment.

If a recipient disenrolls from a group health plan which DMAS has determined to be cost effective or the most cost effective in the case of multiple plans or fails to pay the premium to maintain the group health plan, the recipient shall lose eligibility for Medicaid. Medicaid eligibility shall end after appropriate written notice is given to the recipient as required by 42 CFR § 431.211. This ineligibility shall remain effective until the earliest date that the recipient could reenroll in the group health plan.

F. Multiple group health plans.

When more than one group health plan is available to the recipient, the recipient shall, as a condition of continued Medicaid eligibility, enroll in the group health plan which DMAS has determined to be the most cost effective, unless good cause for failure to cooperate has been established or unless the recipient is unable to enroll on his own behalf.

G. All of the requirements pertaining to recipients also apply to parents, spouses, and persons who are acting on behalf of recipients.

§ 5. Payments.

When DMAS determines that a group health plan is likely to be cost effective based on its established methodology, it shall provide for the payment of premiums and other cost-sharing obligations for items and services otherwise covered under the plan, except for the nominal cost sharing amounts permitted under § 1916.

A. Effective date of premiums.

Payment of premiums shall become effective on the first day of the month following the month in which DMAS makes the cost effectiveness determination or the first day of the month in which the group health plan coverage becomes effective, whichever is later. Payment of premiums shall be made to the employer as required by law. In the absence of premium payments made directly to employers, payments shall be made to the individual who is carrying the group health plan coverage.

B. Termination date of premiums.

Payment of premiums shall end:

1. On the last day of the month in which eligibility for Medicaid ends;
2. The last day of the month in which the recipient loses eligibility or coverage in the group health plan; or

3. The last day of the month in which adequate notice has been given (consistent with federal requirements) that DMAS has redetermined that the group health plan is no longer cost effective, whichever comes later.

C. Non-Medicaid eligible family members.

Payment of premiums for non-Medicaid eligible family members shall be made when their enrollment in the group health plan is required in order for the recipient to obtain the group health plan coverage. Such payments shall be treated as payments for Medicaid benefits for the recipient. No payments for deductibles, coinsurances and other cost-sharing obligations for non-Medicaid eligible family members shall be made by DMAS.

§ 6. Guidelines for determining cost effectiveness.

DMAS shall determine the cost effectiveness of a group health plan subsequent to the determination of eligibility for Medicaid.

A. Enrollment limitations.

DMAS shall take into account that a recipient may only be eligible to enroll in the group health plan at limited times and only if other non-Medicaid family members are also enrolled in the plan simultaneously.

B. Plans provided at no cost.

Group health plans for which there is no premium to the person carrying the policy shall be considered to be cost effective.

C. Non-Medicaid eligible family members.

When non-Medicaid eligible family members must enroll in a group health plan in order for the recipient to be enrolled, DMAS shall consider only the premiums of non-Medicaid eligible family members in determining the cost effectiveness of the group health plan.

D. Employer cooperation required.

Information required by DMAS to make the cost effectiveness determination shall be provided by the employer upon written request by DMAS as required by law. In the absence of such information from the employer, this information shall be provided by the insurance company or recipient.

E. DMAS shall make the cost effectiveness determination based on the following methodology:

1. Recipient and group health plan information. DMAS shall obtain demographic information on each recipient in the case, including, but not limited to: federal program designation, age, sex, geographic location. DMAS shall obtain specific information on all

group health plans available to the recipients in the case, including, but not limited to: the effective date of coverage, the services covered by the plan, the exclusions to the plan, and the amount of the premium.

2. Average estimated Medicaid expenditures. DMAS shall estimate the average Medicaid expenditures for a 12-month period for each recipient in the case based on the expenditures for persons similar to the recipient in demographic and eligibility characteristics. If the recipient is already enrolled in the group health plan, average Medicaid expenditures will be reduced by the average percentage of costs avoided on persons similar to the recipient in demographic and eligibility characteristics. Expenditures shall be adjusted accordingly for inflation and scheduled provider reimbursement rate increases. Average estimated Medicaid expenditures shall be updated periodically.

3. Medicaid expenditures covered by the group health plan. DMAS shall compute the percentage of expenditures for group health plan services against the expenditures for the same Medicaid services and then adjust the average estimated Medicaid expenditures by this percentage for each recipient in the case. These adjusted expenditures shall be added to obtain a total for the case.

4. Group health plan allowance. DMAS shall multiply an allowance factor by the Medicaid expenditures covered by the group health plan to produce the estimated group health plan allowance. The allowance factor shall be based on a state specific factor, a national factor or a group health plan specific factor.

5. Covered expense amount. DMAS shall multiply an average group health plan payment rate by the group health plan allowance to produce an estimated covered expense amount. The average group health plan payment rate shall be based on a state specific rate, national rate or group health plan specific rate.

6. Administrative cost. DMAS shall total the administrative costs of the HIPP program and estimate an average administrative cost per recipient.

7. Determination of cost effectiveness. DMAS shall determine that a group health plan is likely to be cost effective if subdivision 7a of this subsection is less than subdivision 7b:

a. The difference between the group health plan allowance and the covered expense amount, added to the premium and the administrative cost; and

b. The Medicaid expenditures covered by the group health plan.

8. If subdivision 7a is not less than subdivision 7b, DMAS shall adjust the amount in subdivision 7b using

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past medical utilization data on the recipient, provided by the Medicaid claims system or by the recipient, to account for any higher than average expected Medicaid expenditures. DMAS shall determine that a group health plan is likely to be cost effective if subdivision 7a is less than subdivision 7b once this adjustment has been made.

F. Redetermination.

DMAS shall redetermine the cost effectiveness of the group health plan every six months. DMAS shall also redetermine the cost effectiveness of the group health plan whenever there is a change to the recipient and group health plan information which was used in determining the cost effectiveness of the group health plan. When only part of the household loses Medicaid eligibility, DMAS shall redetermine the cost effectiveness to ascertain whether payment of the group health plan premiums continue to be cost effective.

G. Most cost effective group health plan.

When a recipient is eligible for more than one group health plan, DMAS shall perform the cost effectiveness determination on each group health plan. DMAS shall compare the reduction in Title XIX expenditures among these group health plans. DMAS shall determine the group health plan that is most cost effective based on the plan which has the greatest reduction in Title XIX expenditures.

§ 7. Third party liability.

When recipients are enrolled in group health plans, these plans shall become the first sources of health care benefits, up to the limits of such plans, prior to the availability of Title XIX benefits.

§ 8. Appeal rights.

Recipients shall be given the opportunity to appeal adverse agency decisions consistent with agency regulations for client appeals (VR 460-04-8.7).

§ 9. Provider requirements.

Providers shall be required to accept the greater of the group health plan's reimbursement rate or the Medicaid rate as payment in full and shall be prohibited from charging the recipient or Medicaid amounts that would result in aggregate payments greater than the Medicaid rate.

VR 460-04-4.2230. Health Insurance Premium Payment Program.

§ 1. General.

The requirements of these regulations shall operate in concert with the HIPP program requirements as contained

in the State Plan for Medical Assistance, specifically Attachment 4.22-C (VR 460-02-4.2230).

§ 2. Time frames for determining cost effectiveness.

The department (DMAS) shall determine cost effectiveness of the group health plan and shall provide notice to the recipient within 90 days from the date the completed Insurance Information Request Form is received from DSS.

§ 3. Notices.

An adequate notice consistent with 42 CFR 431.210 shall be provided to the head of household or responsible person under the following circumstances:

1. To inform the household of the initial decision on cost effectiveness and premium payment.
2. To inform the household that premium payments are being discontinued because Medicaid eligibility has been lost by all persons covered under the group health plan.
3. To inform the household that premium payments are being discontinued because the group health plan is no longer available to the family (e.g., the employer drops insurance coverage or the plan is terminated by the insurance company).
4. To inform the household that premium payments are being discontinued because DMAS has determined it is no longer cost effective to pay the premiums.

§ 4. Rate refund.

DMAS shall be entitled to any rate refund made when the health insurance carrier determines a return of premiums to the employer is due because of lower than anticipated claims for any time period for which DMAS paid the premium.

§ 5. Good cause for failure to cooperate.

Good cause for failure to cooperate shall be established when the recipient, parent, spouse, or person acting on behalf of the recipient demonstrates one or more of the following conditions exist:

1. There was a serious illness or death of the parent, spouse or a member of the parent's family.
2. There was a family emergency or household disaster, such as fire, flood, or tornado.
3. The parent or spouse offers a good cause beyond the parent's or spouse's control.
4. There was a failure to receive DMAS' request for information or notification for a reason not

attributable to the parent or spouse. Lack of a forwarding address is attributable to the parent or spouse.

§ 6. Information required of applicants and recipients.

All applicants and recipients shall be required to provide all the information contained in the DMAS form Insurance Information Request Form.

Department of Medical Assistance Services
600 E. Broad St., Suite 1300
Richmond, Virginia 23219

INSURANCE INFORMATION REQUEST FORM
FOR HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM

HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM
APPLICATION/REDETERMINATION

DRAFT

DRAFT

You may be eligible for payment of your insurance premiums by Medicaid if you are covered by an employer group health insurance plan.

If anyone in your household is enrolled in an employer group health insurance plan which covers you and/or your dependents and Medicaid determines it is cost-effective to buy the plan, Medicaid may pay the premiums for the plan. If you are not enrolled in the plan but could be, Medicaid may pay your premiums once you enroll. (A group health insurance plan is usually available through an employer to individuals who work 30 hours or more per week.)

In order to find out if you are eligible for payment of your insurance premiums, you must provide the information requested below.

Recipient's Name: _____ Case Number: _____

1. Please list anyone in your household, including children, who work 30 hours or more per week. If there is more than one person, complete a form for each person.

Name of Person Who Works _____

Social Security Number _____ Date of Birth _____

Where Does the Person Work _____

Mailing Address of Employer _____
City _____ State _____ Zip Code _____

2. Are you or anyone in your household currently covered by an employer group health insurance plan? _____ YES _____ NO

If YES, please attach a copy of your insurance card to this form, if it is available

Recipient's Signature: X _____ Date _____

4/24/92

White: HIPP Unit Yellow: Local Office FORM # 1

To be completed by the client:

- 1. Client Name: _____
- 2. SSN: _____ 3. Birth Date: _____
- 4. Phone Number Where You Can Be Reached: _____
- 5. List all persons living in your household for whom you are applying for medical assistance:

Name	Birth Date	Relationship to Client Listed Above
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

(List any additional persons on the back of this form)

6. Are any of these persons covered by health insurance? Yes _____ No _____

If yes, list the information from your insurance ID card or attach a copy of the card to this form.

Name of Insurance Company _____
ID # _____ Group Number _____ Policy Number _____
Effective Date _____ Coverage _____ Type of Policy _____

7. Is anyone outside of your household legally responsible for carrying health insurance for any of these persons? Yes _____ No _____

If yes, list the person below:

Name of Person Who Is Legally Responsible _____
Address _____
City, State, Zip Code _____
Phone Number Where This Person Can Be Reached _____

8. Is anyone in your household employed? Yes _____ No _____

If yes, list all persons who are employed:

Name	Employer Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(List any additional persons on the back of this form)

9. Date Completed _____ Client's Signature _____

FOR OFFICE USE ONLY: Case ID # _____ Case Worker # _____

Department of Medical Assistance
Iowa Department of Human Services, 600 E. Broad St., Suite 1300
Des Moines, Iowa 50319-0114 Richmond, VA. 23219

Health Insurance Premium Payment
Medical History Questionnaire

DRAFT

Date

[Empty box for Date]

Dear _____:
In order for the Department to determine whether payment of your ^{employer group} health insurance premium is cost-effective, please provide the following information and return this form in the enclosed self-addressed, postage-paid envelope by _____.

? FAILURE TO PROVIDE THE REQUESTED INFORMATION BY THIS DATE MAY RESULT IN CANCELLATION OF YOUR MEDICAID BENEFITS.

- How many prescriptions are filled each month for persons covered under the insurance policy? _____
Average Monthly Cost \$ _____
- Does anyone covered under the insurance policy have any of the following conditions which requires medical care? Check all conditions that apply and if yes is checked, list the name of the person with this condition and how often medical care is needed to treat the condition.

Condition	YES	NO	If yes, list name of person with this condition	How often is medical care required?
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>		
Cancer	<input type="checkbox"/>	<input type="checkbox"/>		
Mental Illness or Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>		
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>		
Asthma or other Respiratory Ailment	<input type="checkbox"/>	<input type="checkbox"/>		
Sciatica or Back Injury	<input type="checkbox"/>	<input type="checkbox"/>		
Stroke or Head Injury	<input type="checkbox"/>	<input type="checkbox"/>		
Organ Transplant	<input type="checkbox"/>	<input type="checkbox"/>		
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>		
Kidney or Liver Disorder	<input type="checkbox"/>	<input type="checkbox"/>		
Alcoholism/Drug Addiction	<input type="checkbox"/>	<input type="checkbox"/>		
HIV Positive/Acquired Immune Deficiency Syndrome (AIDS)	<input type="checkbox"/>	<input type="checkbox"/>		
Other Disease/Condition Requiring Treatment (list)	<input type="checkbox"/>	<input type="checkbox"/>		

This form may be further revised once utilization reports are received from IM. Additional questions on hospital stays, doctor visits and other diagnoses may be added. LJH

- Are any of the persons covered under the insurance policy periodically institutionalized or currently living in an institution (mental health institution, nursing home, hospital, etc.)? YES NO
If yes, list the name of the person and the reason they are institutionalized _____
- Is medical care of any of the conditions checked "Yes" above excluded from coverage under the health insurance plan as a pre-existing medical condition? YES NO
If yes, list conditions not covered _____

Any questions or concerns you may have regarding this form should be referred to the Third-Party Liability Specialist at _____ HIPP Unit at (804) 225-4236. (Collect calls accepted)

Name _____ Phone (Collect calls accepted) _____
HIPP Unit at (804) 225-4236. (Collect calls accepted)

Department of Medical Assistance - Services
600 E. Broad St., Suite 1300, Richmond, VA. 23219
IOWA DEPARTMENT OF HUMAN SERVICES

HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM
EMPLOYER AGREEMENT

DRAFT

Employee

Social Security Number

Employer Tax I.D. #

Department of Medical Assistance Services

_____ (employer) agree to accept premium payments directly from the Iowa Department of Human Services for the purchase of group health insurance on behalf of the above-named employee. While this agreement is in force, a payroll deduction will not be made to the employee's wages for said premiums.

Payments Will Begin: _____ / _____ / _____ Type of Plan: Single Family Other _____

Amount of Payment: \$ _____ Per Month Semi-Annually Year Other Specify _____

NAME AND ADDRESS OF INSURANCE CARRIER

Insured/Policy Holder

Policy Number

The terms of this agreement shall be in force as long as the employee or the employee's dependents are eligible for coverage under this policy and as long as the Department determines it is cost-effective to make premium payments on the employee's behalf. The Department or the employer may terminate this agreement at any time with a written 10-day advance notice by either party.

Signature of Employer/Representative _____

Date _____

Title _____

Any questions or concerns regarding this agreement should be referred to the Third-Party Liability Specialist for the Iowa Department of Human Services listed below: HIPP Unit at (804) 225-4236. (Collect calls accepted)

HIPP Third-Party Liability Specialist _____

Date _____

Phone _____

(collect calls accepted)

White: HIPP File Yellow: Employer Pink: Employee Gold: Local Office

Form # 4

Iowa Department of Human Services 600 E. BOARD ST., SUITE 1300
Des Moines, Iowa 50319-0114 Richmond, VA 23219

Notice of Health Insurance Premium Payment

Notice Date

[Redacted]

DMS Case Number

[Redacted]

County

Worker

[Redacted]

[Redacted]

DRAFT

[Redacted]

Dear _____

The Department has determined that payment of your private health insurance premium would be cost effective. Payments will continue as long as it is determined to be cost-effective and as long as you are eligible for Medicaid. Your case will be re-evaluated periodically for cost-effectiveness. The decision to pay premiums is based upon a review of the coverage provided in the policy, premium rates, average utilization history and the specific health-related circumstances of the persons covered under the policy. (VII-6(1))

- Premiums will begin _____ and will be paid in the following manner:
 - Payments will be made directly to your insurance carrier. You must submit premium notices to this office when they are received.
 - You will be reimbursed directly for payroll deductions made to your earnings or premiums you pay directly to an insurance carrier. You must provide proof of your payments (pay stubs showing insurance deductions, etc.) when required to do so.
 - Premium payments will be made directly to your employer in lieu of a payroll deduction.
- Amount of premium: \$ _____ per Month Year Semi-Annually Other (specify) _____

NAME AND ADDRESS OF INSURANCE CARRIER
[Redacted]

Insured/Policy Holder
[Redacted]
Policy Number
[Redacted]

MEDICAID RECIPIENTS COVERED UNDER THIS POLICY

Name	Birth Date	State ID Number

IMPORTANT NOTICE

Report all changes regarding your health insurance coverage to this office within 10 days of the change. Changes that should be reported include, but are not limited to: changes in the amount of the premium, changes in the scope of benefits covered under the policy, changes in the persons covered under the policy, etc.
IF YOU VOLUNTARILY DROP HEALTH INSURANCE COVERAGE THAT THE DEPARTMENT HAS DETERMINED TO BE COST-EFFECTIVE, YOUR MEDICAID MAY BE CANCELLED.

Any questions or concerns you may have regarding this action should be referred to the Third-Party Liability Specialist listed below: HIPP Unit at (804) 225-4236. (Collect calls accepted)

SIGNATURE _____ DATE _____
White: Policy Holder Yellow: HIPP file Pink: Local office Form # 5 470-2845-7

Department of Medicaid Assistance Services
Iowa Department of Human Services 600 E. BOARD ST., SUITE 1300
Des Moines, Iowa 50319-0114 Richmond, VA 23219

Cancellation of Premium Payment

DRAFT

Notice Date

[Redacted]

DMS Case Number

[Redacted]

County

Worker

[Redacted]

[Redacted]

The Department, based on a review or re-evaluation of your Health Insurance Premium Payment case, has made the following decision concerning your participation in the program:

- Department payment of your private health insurance premium is no longer cost-effective. Therefore, payment of your premiums will be discontinued effective _____. Your Medicaid eligibility and benefits are not affected by this determination. Please contact your insurance carrier immediately if you wish to independently continue your insurance coverage. (VII-6(1)) Health Insurance Premium Payment. *Employee: GRAY*
- You are no longer eligible for Medicaid. Therefore, payment of your premiums will be discontinued effective _____. Please contact your insurance carrier immediately if you wish to independently continue your insurance coverage. (VII-6(1)) Health Insurance Premium Payment. *Employee: ANDERSON*

Comments:
[Redacted]

Any questions or concerns regarding this action should be referred to the Third-Party Liability Specialist listed below: HIPP Unit at (804) 225-4236. (Collect calls accepted)

SIGNATURE _____ DATE _____

SEE OTHER SIDE FOR YOUR APPEAL RIGHTS

White: Recipient Yellow: HIPP file Pink: Local office Gold: Employer - if applicable

470-2846-7/211 Form # 6

600 E. BROAD ST, Suite 1300, Richmond, VA 23214

Iowa Department of Human Services
Des Moines, Iowa 50319-0114

Denial of Health Insurance Premium Payment

DRAFT

DATE TO THE

Notice Date

Department payment of your private health insurance premiums would not be cost-effective at this time. (VIII-GH) Health Insurance Premium Payment.

You are not currently eligible for Medicaid. Therefore, you are not eligible to participate in the program. If you believe you are eligible for Medicaid, please contact your worker in the local office for resolution of your eligibility. (VIII-GH) Health Insurance Premium Payment.

Payment of your private health insurance premium cannot be made because your premium is used as a deduction in meeting your spenddown obligation under the Medically Needy program. (VIII-GH) Health Insurance Premium Payment. (VIII-J Medically Needy).

Payment of your private health insurance premium cannot be made because the insurance coverage is a court-ordered child support obligation. (VIII-GH) Health Insurance Premium Payment. (and/or Required by LAW (Code of VA Section)).

Dear _____

The Department has made the following decision concerning your participation in the Health Insurance Premium Payment program based upon a review of the coverage provided in the policy, premium rates, average utilization history, and the specific health-related circumstances of the persons covered under the policy:

- Department payment of your private health insurance premiums would not be cost-effective at this time. (VIII-GH) Health Insurance Premium Payment.
- You are not currently eligible for Medicaid. Therefore, you are not eligible to participate in the program. If you believe you are eligible for Medicaid, please contact your worker in the local office for resolution of your eligibility. (VIII-GH) Health Insurance Premium Payment.
- Payment of your private health insurance premium cannot be made because your premium is used as a deduction in meeting your spenddown obligation under the Medically Needy program. (VIII-GH) Health Insurance Premium Payment. (VIII-J Medically Needy).
- Payment of your private health insurance premium cannot be made because the insurance coverage is a court-ordered child support obligation. (VIII-GH) Health Insurance Premium Payment. (and/or Required by LAW (Code of VA Section)).

Comments: _____

Any questions or concerns you may have regarding this action should be referred to the Third-Party Liability Specialist listed below at the HIPP Unit AT (804) 225-4236. (Collect calls Accepted.)

SIGNATURE _____ DATE _____

SEE OTHER SIDE FOR YOUR APPEAL RIGHTS

White: Recipient Yellow: HIPP file Pink: Local office Form # 490-2847 (7/92)

Proposed Regulations

Proposed Regulations

DEPARTMENT OF MOTOR VEHICLES

Title of Regulation: VR 485-60-9202. Salvage Act Regulation.

Statutory Authority: § 46.2-203 of the Code of Virginia.

Public Hearing Dates:

September 28, 1992 - 9 a.m.
September 29, 1992 - 9 a.m.
September 30, 1992 - 9 a.m.
October 6, 1992 - 9 a.m.
October 7, 1992 - 10 a.m.

(See Calendar of Events section for additional information)

Written comments may be submitted until November 20, 1992.

Summary:

These regulations are to be used in the administration of the 1992 Salvage Act. The regulations (i) provide additional definitions; (ii) allow exemptions from certain provisions of the Act under certain circumstances; (iii) furnish additional processing guidelines for individual entities; and (iv) further define departmental examination requirements.

VR 485-60-9202. Salvage Act Regulation.

§ 1. Definitions.

The following words and terms, when used in these regulations, shall have the following meanings, unless the context clearly indicates otherwise:

"Damage," as used in clause (ii) of the definition of "Rebuilt Vehicle" in § 46.2-1600, means latent damage, as defined in these regulations.

"Latent damage" means damage that is not discovered until after an initial damage estimate has been provided to the department.

"Repair vehicle" means (i) any salvage vehicle that has been damaged as a result of collision, fire, flood, accident, trespass, or any other occurrence and has been repaired for use on the public highways, and the estimated cost of repair does not exceed 75% of its actual cash value, or (ii) any late model vehicle which has been repaired and the estimated cost of repairs does not exceed 75% of its actual cash value, excluding the cost to repair latent damage to the engine, transmission, or drive axle assembly.

"Supplemental claim" means any claim which is written by an insurance company or their authorized representative after the initial damage estimate has been submitted to the department. An insurance company or their authorized representative shall not be required to notify the department of latent damage estimates for

repairs to the engine, transmission, or drive axle assembly recorded in supplemental claims once the initial damage estimate has been submitted.

§ 2. Exemptions.

A. Salvage vehicles purchased for rebuilding or repair prior to January 1, 1993, shall be exempted from the requirements of the 1992 Salvage Act until July 1, 1993. They shall instead be subject to the requirements of the previous salvage laws, and shall be processed by the department using its previous methods. After July 1, 1993, these vehicles will be subject to the requirements of the 1992 Salvage Act. However, effective January 1, 1993, the commissioner may charge an appropriate fee, not to exceed \$25 per vehicle, for the initial and any subsequent examination performed on any vehicle, regardless of the date the vehicle was purchased.

B. Section 46.2-1510 of the Code of Virginia requires a motor vehicle dealer's place of business to have at least 250 square feet of space. Section 46.2-1601 of the Code of Virginia requires demolishers, rebuilders, salvage dealers, salvage pools, and vehicle removal operators to have a licensed business location that consists of at least 600 square feet of enclosed space. For purposes of these regulations, the 600 square foot requirement shall be deemed to include the 250 square foot requirement for those parties seeking to be licensed as both a motor vehicle dealer, as defined in § 46.2-1500 of the Code of Virginia, and as either a demolisher, rebuilder, salvage dealer, salvage pool, or vehicle removal operator as defined in § 46.2-1600 of the Code of Virginia, so that the business location of these dually licensed entities shall not be required to exceed 600 square feet of enclosed space.

§ 3. Insurance companies or their authorized agents.

A. When a stolen vehicle, for which a salvage certificate has already been issued, is recovered and the estimated cost to repair the vehicle does not exceed 75% of its actual cash value, an insurance company or its authorized agent may apply to the department to have the salvage certificate for the stolen vehicle exchanged for a certificate of title by supplying to the department the salvage certificate, accompanied by an affidavit that the vehicle is undamaged. The insurance company or its authorized agent may then sell the vehicle without having to be licensed as an independent motor vehicle dealer.

B. When an insurance company or its authorized agent recovers a damaged stolen vehicle for which a salvage certificate has already been obtained from the department, the insurance company or its authorized agent shall comply with the provisions of subsection B of § 46.2-1043.1 of the Code of Virginia, before the vehicle is repaired or rebuilt.

C. When an insurance company or its authorized agent acquires through the claims process a vehicle which is not a late model vehicle as defined in § 46.2-1600 of the Code

of Virginia, the insurance company or its authorized agent has the option of applying to the department for either a salvage certificate or a title.

§ 4. Salvage dealers.

"Purchaser," as used in § 46.2-1603.1 of the Code of Virginia, means the previously referenced "salvage dealer," and not a third party.

§ 5. Rebuilders.

If a rebuilder purchases a salvage vehicle to be used or sold for parts only, that rebuilder needs to obtain, in addition to a rebuilder's license, a license to operate as a salvage dealer.

§ 6. Departmental examination requirements.

A. Salvage vehicles that have been repaired or rebuilt for use on the highways shall be examined by the department prior to the issuance of a title for the vehicle. The examination shall include a review of the itemized estimated cost of repair, as well as all documentation for the parts and labor used for the repair of the salvage vehicle and a verification of the vehicle's identification number, confidential number, and odometer reading. The commissioner may charge an appropriate fee, not to exceed \$25 dollars per vehicle, for the examination of repaired or rebuilt vehicles. All repaired and rebuilt vehicles shall be subject to all safety equipment requirements provided by law.

B. A rebuilder who purchases a salvage vehicle outside of the Commonwealth of Virginia for purposes of rebuilding that vehicle and having it titled by the Commonwealth of Virginia must apply to the department for a salvage certificate for that vehicle before attempting to rebuild the vehicle. The rebuilder should obtain an itemized estimated cost of repair from an independent appraiser before applying for a salvage certificate, as the itemized estimated cost of repair for the salvage vehicle must be furnished to the department when the application for a salvage certificate is submitted.

C. Salvage vehicles purchased outside the Commonwealth of Virginia and brought into Virginia shall receive from the department the Virginia document which is the equivalent of the out-of-state document, as determined by the commissioner or his designee.

FINAL REGULATIONS

For information concerning Final Regulations, see information page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates new text. Language which has been stricken indicates text to be deleted. [Bracketed language] indicates a substantial change from the proposed text of the regulations.

DEPARTMENT OF GAME AND INLAND FISHERIES (BOARD OF)

NOTICE: The Board of Game and Inland Fisheries is exempted from the Administrative Process Act (§ 9-6.14:4 of the Code of Virginia); however, it is required by § 9-6.14:22 to publish all proposed and final regulations.

Title of Regulation: VR 325-02-24. Game: Waterfowl and Waterfowl Blinds.

Statutory Authority: §§ 29.1-501 and 29.1-502 of the Code of Virginia.

Effective Date: October 21, 1992.

Summary:

Summaries are not provided since, in most instances, the summary would be as long or longer than the full text.

VR 325-02. GAME.

VR 325-02-24. Waterfowl and Waterfowl Blinds.

§ 5. Blinds in the City of Virginia Beach.

In the City of Virginia Beach, except for blinds and floating blind sites which may be erected by the department, no new blinds shall be erected and no licenses shall be issued for the erection of new shore or stationary water blinds upon the shores or in the public waters, nor may floating or mat blinds anchor within 500 yards of the shores of lands or blinds owned or controlled by the department *except floating blinds may be stationed at sites designated by the department*. Blinds and floating blind sites erected by the department shall not be licensed, but there shall be a metal plate affixed to such blinds for identification purposes.

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

Title of Regulation: VR 370-01-001. Rules and Regulations of the Virginia Health Services Cost Review Council.

Statutory Authority: §§ 9-158, 9-160, and 9-164 of the Code of Virginia.

Effective Date: November 1, 1992.

Summary:

The amendments to §§ 6.1 and 6.2 allow health care institutions which neither receive Medicare nor Medicaid reimbursement for patients to develop their own methodology to ascertain nursing home costs and to eliminate the requirement that these facilities utilize the allocation methodology used for cost reports filed with the Virginia Department of Medical Assistance Services or for the Medicare program.

VR 370-01-001. Rules and Regulations of the Virginia Health Services Cost Review Council.

PART I. DEFINITIONS.

§ 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meaning:

"Adjusted patient days" means inpatient days divided by the percentage of inpatient revenues to total patient revenues.

"Aggregate cost" means the total financial requirements of an institution which shall be equal to the sum of:

1. The institution's reasonable current operating costs, including reasonable expenses for operating and maintenance of approved services and facilities, reasonable direct and indirect expenses for patient care services, working capital needs and taxes, if any;

2. Financial requirements for allowable capital purposes, including price level depreciation for depreciable assets and reasonable accumulation of funds for approved capital projects;

3. For investor-owned institutions, after tax return on equity at the percentage equal to two times the average of the rates of interest on special issues of public debt obligations issued to the Federal Hospital Insurance Trust Fund for the months in a provider's reporting period, but not less, after taxes, than the rate or weighted average of rates of interest borne by the individual institution's outstanding capital indebtedness. The base to which the rate of return determined shall be applied is the total net assets, adjusted by paragraph 2 of this section, without deduction of outstanding capital indebtedness of the individual institution for assets required in providing institutional health care services;

4. For investor-owned institutions organized as

proprietorships, partnerships, or S-corporations an imputed income tax, for fiscal years ending July 1, 1989, or later, at a combined federal and state income tax rate equal to the maximum tax rates for federal and state income taxes. The combined rate for 1989 is equal to 34% for individuals and 40% for corporations. Such tax computation shall be exclusive of net operating loss carryforwards prior to July 1, 1989. Operating losses incurred after July 1, 1989, may be carried forward no more than five years but may not be carried back prior years. The schedule of imputed income taxes shall be reported as a note to the financial statements or as a supplemental schedule of the certified audited financial statements submitted to the Virginia Health Services Cost Review Council by the institution.

"Certified nursing facility" means any skilled nursing facility, skilled care facility, intermediate care facility, nursing or nursing care facility, or nursing home, whether freestanding or a portion of a freestanding medical care facility, that is certified as a Medicare or Medicaid provider, or both, pursuant to § 32.1-137.

"Council" means the Virginia Health Services Cost Review Council.

"Consumer" means any person (i) whose occupation is other than the administration of health activities or the provision of health services (ii) who has no fiduciary obligation to a health care institution or other health agency or to any organization, public or private, whose principal activity is an adjunct to the provision of health services, or (iii) who has no material financial interest in the rendering of health services.

"Health care institution" means (i) a general hospital, ordinary hospital, or outpatient surgical hospital, nursing home or certified nursing facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1, (ii) a mental or psychiatric hospital licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1 and (iii) a hospital operated by the University of Virginia or Virginia Commonwealth University. In no event shall such term be construed to include any physician's office, nursing care facility of a religious body which depends upon prayer alone for healing, independent laboratory or outpatient clinic.

"Hospital" means any facility licensed pursuant to §§ 32.1-123, et seq. or 37.1-179 et seq. of the Code of Virginia.

"Late charge" means a fee that is assessed a health care institution that files its budget, annual report, or charge schedule with the council past the due date.

"Nursing home" means any facility or any identifiable component of any facility licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1, in which the primary function is the provision, on a continuing basis, of nursing services and health-related services for the

treatment and inpatient care of two or more nonrelated individuals, including facilities known by varying nomenclature or designation such as convalescent homes, skilled nursing facilities or skilled care facilities, intermediate care facilities, extended care facilities and nursing or nursing care facilities.

"Voluntary cost review organization" means a nonprofit association or other nonprofit entity which has as its function the review of health care institutions' costs and charges but which does not provide reimbursement to any health care institution or participate in the administration of any review process under Chapter 4 of Title 32.1 of the Code of Virginia.

"Patient day" means a unit of measure denoting lodging facilities provided and services rendered to one inpatient, between census-taking-hour on two successive days. The day of admission but not the day of discharge or death is counted a patient day. If both admission and discharge or death occur on the same day, the day is considered a day of admission and counts as one patient day. For purposes of filing fees to the council, newborn patient days would be added. For a medical facility, such as an ambulatory surgery center, which does not provide inpatient services, each patient undergoing surgery during any one 24-hour period will be the equivalent to one patient day.

PART II. GENERAL INFORMATION.

§ 2.1. Authority for regulations.

The Virginia Health Services Cost Review Council, created by §§ 9-156 through 9-166 of the Code of Virginia, is required to collect, analyze and make public certain financial data and findings relating to hospitals which operate within the Commonwealth of Virginia. Section 9-164 of the Code of Virginia directs the council from time to time to make such rules and regulations as may be necessary to carry out its responsibilities as prescribed in the Code of Virginia.

§ 2.2. Purpose of rules and regulations.

The council has promulgated these rules and regulations to set forth an orderly administrative process by which the council may govern its own affairs and require compliance with the provisions of §§ 9-156 through 9-166 of the Code of Virginia.

§ 2.3. Administration of rules and regulations.

These rules and regulations are administered by the Virginia Health Services Cost Review Council.

§ 2.4. Application of rules and regulations.

These rules and regulations have general applicability throughout the Commonwealth. The requirements of the Virginia Administrative Process Act, codified as § 9-6.14:1,

Final Regulations

et seq. of the Code of Virginia applied to their promulgation.

§ 2.5. Effective date of rules and regulations.

These rules and regulations or any subsequent amendment, modification, or deletion in connection with these rules and regulations shall become effective 30 days after the final regulation is published in the Virginia Register.

§ 2.6. Powers and procedures of regulations not exclusive.

The council reserves the right to authorize any procedure for the enforcement of these regulations that is not inconsistent with the provision set forth herein and the provisions of § 9-156 et seq. of the Code of Virginia.

PART III. COUNCIL PURPOSE AND ORGANIZATION.

§ 3.1. Statement of mission.

The council is charged with the responsibility to promote the economic delivery of high quality and effective institutional health care services to the people of the Commonwealth and to create an assurance that the charges are reasonably related to costs.

The council recognizes that health care institutional costs are of vital concern to the people of the Commonwealth and that it is essential for an effective cost monitoring program to be established which will assist health care institutions in controlling their costs while assuring their financial viability. In pursuance of this policy, it is the council's purpose to provide for uniform measures on a statewide basis to assist in monitoring the costs of health care institution's without sacrifice of quality of health care services and to analyze the same to determine if charges and costs are reasonable.

§ 3.2. Council chairman.

The council shall annually elect one of its consumer members to serve as chairman. The chairman shall preside at all meetings of the council and shall be responsible for convening the council.

§ 3.3. Vice-chairman.

The council shall annually elect from its membership a vice-chairman who shall assume the duties of the chairman in his absence or temporary inability to serve.

§ 3.4. Expense reimbursement.

Members of the council shall be entitled to be reimbursed in accordance with state regulations for necessary and proper expenses incurred in the performance of their duties on behalf of the council.

§ 3.5. Additional powers and duties.

The council shall exercise such additional powers and duties as may be specified in the Code of Virginia.

PART IV. VOLUNTARY COST REVIEW ORGANIZATIONS.

§ 4.1. Application.

Any organization desiring approval as a voluntary rate review organization may apply for approval by using the following procedure:

1. Open application period. A voluntary cost review organization may apply for designation as an approved voluntary cost review organization to be granted such duties as are prescribed in § 9-162 of the Code of Virginia.

2. Contents of application. An application for approval shall include:

a. Documentation sufficient to show that the applicant complies with the requirements to be a voluntary cost review organization, including evidence of its nonprofit status. Full financial reports for the one year preceding its application must also be forwarded. If no financial reports are available, a statement of the projected cost of the applicant's operation with supporting data must be forwarded;

b. If any of the organization's directors or officers have or would have a potential conflict of interests affecting the development of an effective cost monitoring program for the council, statements must be submitted with the application to fully detail the extent of the other conflicting interest;

c. A detailed statement of the type of reports and administrative procedures proposed for use by the applicant;

d. A statement of the number of employees of the applicant including details of their classification; and

e. Any additional statements or information which is necessary to ensure that the proposed reporting and review procedures of the applicant are satisfactory to the council.

§ 4.2. Review of application.

A. Designation.

Within 45 calendar days of the receipt of an application for designation as a voluntary cost review organization, the council shall issue its decision of approval or disapproval. Approval by the council shall take effect immediately.

B. Disapproval.

The council may disapprove any application for the reason that the applicant has failed to comply with application requirements, or that the applicant fails to meet the definition of a cost review organization, or fails to meet the specifications cited in paragraph A above concerning application contents or that the cost and quality of the institutional reporting system proposed by the applicant are unsatisfactory.

C. Reapplication.

An organization whose application has been disapproved by the council may submit a new or amended application to the council within 15 calendar days after disapproval of the initial application. An organization may only reapply for approval on one occasion during any consecutive 12-month period.

§ 4.3. Annual review of applicant.

A. By March 31 of each year, any approved voluntary cost review organization for the calendar year then in progress which desires to continue its designation shall submit an annual review statement of its reporting and review procedures.

B. The annual review statement shall include:

1. Attestation by the applicant that no amendments or modifications of practice contrary to the initially approved application have occurred; or
2. Details of any amendments or modifications to the initially approved application, which shall include justifications for these amendments or modifications.

C. The council may require additional information from the applicant supporting that the applicant's reports and procedures are satisfactory to the council.

§ 4.4. Revocation of approval.

The council may revoke its approval of any cost review organization's approval when the review procedures of that organization are no longer satisfactory to the council or for the reason that the voluntary cost review organization could be disapproved under § 4.2 B of these regulations.

§ 4.5. Confidentiality.

A voluntary cost review organization approved as such by the council shall maintain the total confidentiality of all filings made with it required by these regulations or law. The contents of filings or reports summaries and recommendations generated in consequence of the council's regulations may be disseminated only to members of the council, the council's staff and the individual health care institution which has made the filings or which is the subject of a particular report.

PART V. CONTRACT WITH VOLUNTARY COST REVIEW ORGANIZATION.

§ 5.1. Purpose.

It is the intention of the council to exercise the authority and directive of § 9-163 of the Code of Virginia whereby the council is required to contract with any voluntary cost review organization for services necessary to carry out the council's activities where this will promote economy and efficiency, avoid duplication of effort, and make best use of available expertise.

§ 5.2. Eligibility.

In order for a voluntary cost review organization to be eligible to contract with the council, it shall have met all other requirements of §§ 4.1 and 4.5 of these regulations relating to voluntary cost review organization and have been approved as such an organization.

§ 5.3. Contents of contract.

The written agreement between the council and any voluntary cost review organization shall contain such provisions which are not inconsistent with these regulations or law as may be agreed to by the parties. Any such contract shall be for a period not to exceed five years.

PART VI. FILING REQUIREMENTS AND FEE STRUCTURE.

§ 6.1. Each individual health care institution shall file an annual report of revenues, expenses, other income, other outlays, assets and liabilities, units of service, and related statistics as prescribed in § 9-158 of the Code of Virginia on forms provided by the council together with the certified audited financial statements (or equivalents) as prescribed in § 9-159 of the Code of Virginia. The annual report and the certified audited financial statement shall be received by the council no later than 120 days after the end of the respective applicable health care institution's fiscal year. Extensions of filing times for the annual report or the certified audited financial statement may be granted for extenuating circumstances upon a health care institution's written application for a 30-day extension. Such request for extension shall be filed no later than 120 days after the end of a health care institution's fiscal year. The requirement for the filing of an annual report and a certified audited financial statement may be waived if a health care institution can show that an extenuating circumstance exists. Examples of an extenuating circumstance include, but are not limited to, involvement by the institution in a bankruptcy proceeding, closure of the institution, or the institution is a new facility that has recently opened.

Each health care institution with licensed nursing home beds or certified nursing facility beds shall exclude all revenues, expenses, other income, other outlays, assets and

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liabilities, units of service and related statistics directly associated with a hospital, continuing care retirement community, or with home for adult beds in the annual report filed with the council. ~~The~~ *For those health care institutions that participate in either the Medicare or Medicaid program, the cost allocation methodology required by the Virginia Department of Medical Assistance Services and Medicare for cost reports submitted to it shall be utilized for findings filings submitted to the council. Any health care institution that does not participate in the Medicare or Medicaid program may develop and utilize an alternative methodology to determine the nursing home portion of its costs if it chooses not to utilize the cost allocation methodology used by the Department of Medical Assistance Services and Medicare. That methodology shall then be approved by the council and the health care institution must continue to utilize that methodology for all subsequent filings unless a subsequent change is approved by the council.*

§ 6.2. Each individual health care institution shall file annually a projection (budget) of annual revenues and expenditures as prescribed in § 9-161 B of the Code of Virginia on forms provided by the council. The institution's projection (budget) shall be received by the council no later than 60 days before the beginning of its respective applicable fiscal year. An institution's budget for a given fiscal year will not be accepted for review unless the institution has already filed its annual report and certified audited financial statement for the previous fiscal year. This regulation shall be applicable to nursing homes or certified nursing facilities for each fiscal year starting on or after June 30, 1990. Each health care institution with licensed nursing home beds or certified nursing facility beds shall exclude all revenues, expenses, other income, other outlays, assets and liabilities, units of service and related statistics directly associated with a hospital, continuing care retirement community, or with home for adult beds in the budget filed with the council. ~~The~~ *For those health care institutions that participate in either the Medicare or Medicaid program, the cost allocation methodology required by the Virginia Department of Medical Assistance Services and Medicare for cost reports submitted to it shall be utilized for findings filings submitted to the council. Any health care institution that does not participate in the Medicare or Medicaid program may develop and utilize an alternative methodology to determine the nursing home portion of its costs if it chooses not to utilize the cost allocation methodology used by the Department of Medical Assistance Services and Medicare. That methodology shall then be approved by the council and the health care institution must continue to utilize that methodology for all subsequent filings unless a subsequent change is approved by the council.*

§ 6.3. Each health care institution shall file annually a schedule of charges to be in effect on the first day of such fiscal year, as prescribed in § 9-161 D of the Code of Virginia. The institution's schedule of charges shall be received by the council within 10 days after the beginning of its respective applicable fiscal year or within 15 days of

being notified by the council of its approval of the charges, whichever is later.

Any subsequent amendment or modification to the annually filed schedule of charges shall be filed at least 60 days in advance of its effective date, together with supporting data justifying the need for the amendment. An institution's proposed amendment or modification to its annually filed schedule of charges shall not be accepted for review unless the institution has complied with all prior filing requirements contained in §§ 6.1 and 6.2 for previous fiscal years. Changes in charges which will have a minimal impact on revenues are exempt from this requirement. Any change in an institution's charges or cumulative changes in charges that will increase or decrease council-approved budgeted gross patient services revenue by less than 1.0% of annual revenue for the remaining portion of the budgeted fiscal year are considered minimal and need not be reported. All other changes must be reported.

§ 6.3:1. Each health care institution shall file annually a survey of rates charged. For hospitals, the survey shall consist of up to 30 select charges, including semi-private and private room rates. The survey shall also consist of charges of the most frequently occurring diagnoses or procedures for inpatient and outpatient treatment. The charges shall be calculated by taking an average for one month of all patient bills where the requested CPT or ICD-9 code numbers are indicated as the principal diagnosis or procedure. This information shall be received by the council from each hospital no later than April 30 of each year.

The annual charge survey for nursing homes shall include up to 30 select charges, including semi-private and private room rates. The select charges shall reflect the rates in effect as of the first day of a sample month to be chosen by the council. This information shall be provided to the council no later than March 31 of each year.

§ 6.3:2. Each hospital or any corporation that controls a hospital shall respond to a survey conducted by the council to determine the extent of commercial diversification by such hospitals in the Commonwealth. The survey shall be in a form and manner prescribed by the council and shall request the information specified in subdivision a, f, g, h and i below on each hospital or such corporation and, with respect to any tax-exempt hospital or controlling corporation thereof, the information specified in subdivision a through i below for each affiliate of such hospital or corporation, if any:

- a. The name and principal activity;
- b. The date of the affiliation;
- c. The nature of the affiliation;
- d. The method by which each affiliate was acquired or created;

- e. The tax status of each affiliate and, if tax-exempt, its Internal Revenue tax exemption code number;
- f. The total assets;
- g. The total revenues;
- h. The net profit after taxes, or if not-for-profit, its excess revenues; and
- i. The net quality, or if not-for-profit, its fund balance.

§ 6.3.3. The information specified in § 6.3.2 shall relate to any legal controls that exist as of the 1st of July of each calendar year in which the survey is required to be submitted.

§ 6.3.4. Each hospital or any corporation that controls a hospital and that is required to respond to the survey specified in § 6.3.2 shall complete and return the survey to the council by the 31st day of August of each calendar year or 120 days after the hospital's fiscal year end, whichever is later, in which the survey is required to be submitted.

§ 6.3.5. Each hospital that reports to the council or any corporation which controls a hospital that reports to the council shall submit an audited consolidated financial statement to the council which includes a balance sheet detailing its total assets, liabilities and net worth and a statement of income and expenses and includes information on all such corporation's affiliates.

§ 6.4. All filings prescribed in § 6.1, § 6.2 and § 6.3.2 of these regulations will be made to the council for its transmittal to any approved voluntary cost review organization described in Part IV of these regulations.

§ 6.5. A filing fee based on an adjusted patient days rate shall be set by the council, based on the needs to meet annual council expenses. The fee shall be established and reviewed at least annually and reviewed for its sufficiency at least annually by the council. All fees shall be paid directly to the council. The filing fee shall be no more than 11 cents per adjusted patient day for each health care institution filing. Prior to the beginning of each new fiscal year, the council shall determine a filing fee for hospitals and a filing fee for nursing homes based upon the council's proportionate costs of operation for review of hospital and nursing home filings in the current fiscal year, as well as the anticipated costs for such review in the upcoming year.

§ 6.6. Fifty percent of the filing fee shall be paid to the council at the same time that the health care institution files its budget under the provisions of § 6.2 of these regulations. The balance of the filing fee shall be paid to the council at the same time the health care institution files its annual report under the provisions of § 6.1 of these regulations. When the council grants the health care

institution an extension, the balance of the filing fee shall be paid to the council no later than 120 days after the end of the respective applicable health care institution's fiscal year. During the year of July 1, 1989, through June 30, 1990, each nursing home and certified nursing facility shall pay a fee of 7 cents per adjusted patient day when it files its annual report in order to comply with subdivisions A1 and A2 of § 9-159 of the Code of Virginia. Following June 30, 1990, all nursing homes and certified nursing facilities shall submit payment of the filing fees in the amount and manner as all other health care institutions.

§ 6.7. A late charge of \$10 per working day shall be paid to the council by a health care institution that files its budget, annual report or certified audited financial statement past the due date. The late charge may be waived if a health care institution can show that an extenuating circumstance exists. Examples of extenuating circumstance include, but are not limited to, involvement by the institution in a bankruptcy proceeding, closure of the institution, change of ownership of the institution, or the institution is a new facility that has recently opened.

§ 6.8. A late charge of \$50 shall be paid to the council by the health care institution that files the charge schedule past the due date.

§ 6.9. A late charge of \$25 per working day shall be paid to the council by the reporting entity required to complete the survey required in § 6.3.2 or file the audited consolidated financial statement required by § 6.3.5 or both.

§ 6.10. A late charge of \$25 per working day shall be paid to the council by the reporting entity required to complete the survey required in § 6.3.1.

PART VII. WORK FLOW AND ANALYSIS.

§ 7.1. The annual report data filed by health care institutions as prescribed in § 6.1 of these regulations shall be analyzed as directed by the council. Hospitals that are part of a hospital system will be analyzed on a systemwide basis. Summarized analyses and comments shall be reviewed by the council at a scheduled council meeting within approximately 75 days after receipt of properly filed data, after which these summaries and comments, including council recommendations, may be published and disseminated as determined by the council. The health care institution which is the subject of any summary, report, recommendation or comment shall receive a copy of same at least 10 days prior to the meeting at which the same is to be considered by the council.

§ 7.2. The annual schedule of charges and projections (budget) of revenues and expenditures filed by health care institutions as prescribed in § 6.2 of these regulations shall be analyzed as directed by the council. Hospitals that are

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part of a hospital chain may have their filings reviewed on a consolidated basis. Summarized analyses and comments shall be reviewed by the council at a scheduled council meeting within approximately 75 days after receipt of properly filed data, after which these summaries and comments, including council recommendations will be published and disseminated by the council. Amendments or modifications to the annually filed schedule of charges shall be processed in a like manner and reviewed by the council no later than 50 days after receipt of properly filed amendments or modifications. Any health care institution which is the subject of summaries and findings of the council shall be given upon request an opportunity to be heard before the council.

PART VIII. PUBLICATION AND DISSEMINATION OF INFORMATION RELATED TO HEALTH CARE INSTITUTIONS.

§ 8.1. The staff findings and recommendations and related council decisions on individual health care institutions' annual historical data findings will be kept on file at the council office for public inspection. However, the detailed annual historical data filed by the individual health care institutions will be excluded from public inspection in accordance with § 9-159 B, of the Code of Virginia.

§ 8.2. Periodically, but at least annually, the council will publish the rates charged by each health care institution in Virginia for up to 30 of the most frequently used services in Virginia, including each institution's average semiprivate and private room rates. The data will be summarized by geographic area in Virginia, and will be kept on file at the council office for public inspection and made available to the news media. In addition, annual charge schedules and subsequent amendments to these schedules filed under the provisions of § 6.3 of these rules and regulations will be kept on file at the council office for public inspection. Staff findings and recommendations and related council decisions on changes to health care institutions' rates and charges will also be kept on file at the council office for public inspection and available to the news media.

§ 8.3. Periodically, but at least annually, the council will publish an annual report which will include, but not be limited to the following: cost per admission comparison, cost per patient day comparison, percentage increase in cost per patient day, budget and historical reports reviewed, interim rate changes, excess operating expenses, revenue reduction recommendations, operating profits and losses, deductions from revenue (contractuals, bad debts, and charity care) and hospital utilization.

§ 8.3:1. The council will also periodically publish and disseminate information which will allow consumers to compare costs and services of hospitals, nursing homes and certified nursing facilities.

§ 8.4. The staff findings and recommendations and related

council decisions on individual health care institutions' annual budget and related rate filings will be kept on file at the council office for public inspection. However, the detailed annual budget data filed by the individual health care institutions will be excluded from public inspection.

§ 8.5. The council may release historical financial and statistical data reported by health care institutions to state or federal commissions or agencies based on individual, specific requests, and the merit of such requests. Requests must list the purpose for which the requested data is to be used to permit the council to reach a valid decision on whether or not the data requested will fit the need and should, therefore, be made available. Under no circumstances will data be released which contains "personal information" as defined in § 2.1-379(2) of the Code of Virginia.

§ 8.6. The council shall not release prospective (budgeted) financial and statistical data reported by health care institutions to anyone, except for the staff findings and recommendations as provided for in § 8.4 of these regulations.

§ 8.7. No data, beyond that specified in §§ 8.1 through 8.4 of these regulations will be released to other nongovernmental organizations and entities, except that data deemed pertinent by the council in negotiations with third-party payors such as Blue Cross/Blue Shield, commercial insurers, etc. Such pertinent data may be released and used on an exception, as needed, basis.

§ 8.8. Except for data specified in §§ 8.1 through 8.4 of these regulations available to anyone, the council shall have a right to furnish data, or refuse to furnish data, based on merit of the request and ability to furnish data based on data and staff time availability. The council may levy a reasonable charge to cover costs incurred in furnishing any of the data described in this section of the rules and regulations.

NOTICE: The forms used in administering the Virginia Health Services Cost Review Council Regulations are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Virginia Health Services Cost Review Council, 805 East Broad Street, 9th Floor, Richmond, Virginia, or at the Office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Room 262, Richmond, Virginia.

Historical Submission for Acute Care Facilities

Budget Submission for Acute Care Facilities

Historical Submission for Long Term Care Facilities

Budget Submission for Long Term Care Facilities

Historical Submission for Outpatient Surgical Hospitals

Budget Submission for Outpatient Surgical Hospitals

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

REGISTRAR'S NOTICE: This regulation is exempted from the provisions of the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia) in accordance with § 9-6.14:4.1 B 4 of the Code of Virginia, which exempts from this Act agency actions relating to grants of state or federal funds or property.

Title of Regulation: VR 615-32-01:1. Child Day Care Scholarship Programs.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Effective Date: July 1, 1992.

Summary:

Virginia receives federal money (\$33,000 in FY 91) for the Child Development Associate Credential Scholarship Program. Revised regulations allow 35%, or approximately \$11,000, to be spent for applicant training. Additional moneys are available through the Child Development Block Grant for provider training as well. The department intends to use portions of these grants to offer scholarships to child care providers. In the interests of simplicity for the child care provider applicant, the procedures for these and any other federal or state child care scholarship funds administered in the future by the Division of Licensing Programs will be identical unless federal or state policies dictate otherwise.

The Division of Licensing Programs has arranged with the community college system to offer a "foundation" (CHD 120) course statewide in basic child development and will provide a scholarship covering tuition for this course to successful scholarship applicants. Persons who complete this course or who are otherwise eligible may apply for tuition scholarships for courses leading to a Career Studies Certificate in Early Childhood or its equivalent as offered by the community college system. If they are financially eligible according to the terms of the federal CDA Scholarship Grant, they may be also awarded a scholarship for the cost of CDA registration and assessment.

If the successful scholarship candidate so chooses, the amount of the award (the current cost of a three-hour course in the community college system) may be applied to the cost of a similar three-hour course at another institution of higher learning in Virginia.

VR 615-32-01:1. Child Day Care Scholarship Programs.

PART I. INTRODUCTION.

§ 1.1. Definitions.

The following words and terms, when used in these procedures, shall have the following meaning, unless the context clearly indicates otherwise.

"Applicant" means any individual who is applying for a Child Development Associate Credential.

"Career Studies Certificate in Early Childhood" means a certificate program offered by an accredited two-year college in the area of early childhood development. The specific coursework for the certificate is determined by the college, but should include at least 12 semester hours of coursework.

"CDA" means the abbreviation for Child Development Associate.

"Child Development Associate (CDA) credential" means the competency-based national credential awarded to individuals who work with children ages five and under. A CDA credential can be earned in three settings (center-based, family day care, and home visitor,) and with two age groups (0 through 36 months and 3 through 5 years old.) In addition, a bilingual specialization can be obtained. The credential is valid for three years and can be renewed for five-year periods.

"Competency areas" means the areas of child care in which the CDA candidate must demonstrate competency.

"Council for Early Childhood Professional Recognition" means the subsidiary of the National Association for the Education of Young Children which is responsible for the issuance of the CDA credential.

"Evaluation process" means the CDA requirement that the candidate document and demonstrate skill in the above-referenced competency areas while working with young children.

"Family unit" means persons residing within the same household.

"Foundation course" means the course CHD 120 taught by the community colleges.

"Income eligibility" means that applicants meet the current federal or state criteria for eligibility based on income.

"Preapproved" means that a candidate for a CDA Credential has been approved for award of CDA registration and assessment fees prior to requesting disbursement of funds to the Council for Early Childhood Professional Recognition.

"Registration and assessment fees" means the amount charged by the Council for Early Childhood Professional Recognition for registration and assessment in the Child

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Development Associate Credential Program.

“State-approved program” means licensed child care centers, group family day care homes, and family day care systems, religiously-exempt child care facilities, and family day care homes approved or registered by local social services agencies or community agencies approved by the Department of Social Services.

PART II. ADMINISTRATIVE PROCEDURES.

Article 1. Application and Selection.

§ 2.1. Application.

A. Scholarship applicants must submit a scholarship application form, available from the Division of Licensing Programs, to the Division of Licensing Programs.

B. A separate application must be filled out for each scholarship award applied for, i.e., for the foundation course, other courses applicable to the career studies certificate program, and the registration and assessment award.

C. A Certificate of Income Verification, also available from the Division of Licensing Programs, must be included as part of the first application.

D. Applicants must be domiciled in Virginia and currently working in a child care program which meets the eligibility requirements of the granting agency. Preference will be given to applicants who have worked in a child care setting for at least three months before the course begins.

E. Applicants must indicate which community college they plan to attend. If the applicant wishes to attend another institution of higher learning, tuition will be paid up to the amount currently charged for the same course in the community college system.

F. Applications must be received at least one month prior to the beginning of a course for full consideration. Applications received after this date may be funded if moneys are available.

G. Applicants will be notified by telephone of incomplete applications.

§ 2.2. Selection.

Applications will be processed and scholarships awarded in order of date received, with the following exceptions:

1. Preference will be given to persons who wish to take the foundation course (CHD 120).
2. Preference will be given to persons indicating an

intent to obtain the CDA.

3. To the extent possible, scholarships will be awarded to reflect the general diversity of child care providers considering such factors as rural/urban and profit/nonprofit settings and the various types of child care providers (center-based, family day care, and home visitor).

4. To the extent possible after the above three considerations are met, scholarships will be awarded in proportion to the concentration of child day care programs within the geographic areas served by the various community colleges.

Article 2. Disbursement of Funds.

§ 2.3. Community college scholarships.

A. Community colleges or other accredited institutions of higher learning will be notified in writing when scholarships are awarded to applicants in their regions.

B. When scholarship holders have enrolled and attended the first class, the community college or accredited institution of higher learning may bill the Division of Licensing Programs for tuition, using an Interagency Transfer or invoice.

C. If a scholarship holder withdraws from the class, the community college or accredited institution of higher learning will reimburse the Division of Licensing Programs as provided in college procedures and policies.

§ 2.4. CDA registration and assessment scholarship.

A. Two months prior to applying for assessment, the CDA candidate, who must have been preapproved for this scholarship, must notify the Division of Licensing Programs of their intent to be assessed by sending the CDA assessment request form to the Division of Licensing Programs.

B. Upon the preapproved candidate's notification of intent to be assessed, the division will prepare a check for the full amount of registration and assessment fees and send it to the Council for Early Childhood Professional Recognition with the CDA assessment request form.

Article 3. Maintenance of Statistical Information.

§ 2.5. Wage information.

Current hourly wage information will be requested in writing from those individuals successfully obtaining the CDA credential:

1. At the time they request disbursement of funds to the Council for Early Childhood Professional

Recognition;

2. One year later;

3. Two years later.

§ 2.6. Additional statistical information.

Other statistical information may be requested of any applicant receiving a scholarship from this program.

Virginia Child Care Provider Scholarship Program Application Form

This is your application form for a tuition scholarship for the Foundation Course, other courses leading to the Career Studies Certificate, or CDA Registration and Assessment Fees. **FILL OUT A SEPARATE FORM for each.**

1. Are you applying for (Check only one)
- Foundation Course (CDH 120)
 - Other Course (List course number _____)
 - CDA Registration & Assessment

2. Please check the participating community college at which you plan to take the course indicated above:

- Paul D. Camp C. C. - Franklin
- Central Va. C. C. - Lynchburg
- Danville C. C. - Danville
- Eastern Shore C. C. - Melfa
- Germanna C. C. - Locust Grove
- John Tyler C. C. - Chester
- Dabney S. Lancaster C. C. - Clifton Forge
- J. Sargeant Reynolds C. C. - Richmond
- Lord Fairfax C. C. - Middletown
- Mountain Empire C. C. - Big Stone Gap
- New River C. C. - Dublin
- Northern Va. C. C. - Alexandria
- Patrick Henry C. C. - Martinsville
- Piedmont Va. C. C. - Charlottesville
- Rappahannock C. C. Warsaw
- Southside Va C. C. - Alberta
- Southside Va. C. C. - Keysville (Daniel Campus)
- Southwest Va. C. C. Richlands
- Thomas Nelson C. C. - Hampton
- Tidewater C. C. - Chesapeake
- Tidewater C. C. - Portsmouth
- Tidewater C. C. - Va. Beach
- Virginia Western Community College
- Correspondence (available for CHD120 ONLY)

General Information

Please type or print clearly

1. Name: _____

Daytime telephone: _____

Social Security Number _____

2. Mailing Address: _____

3. Name, address, and telephone number of center/home at which you work:

4. Name of Program Director: _____

5. How long have you worked full time in child care?

6. Check the type of setting:
 Family Day Care _____
 Center-based: Infant Toddler _____
 Center-based: Preschool _____
 Home Visitor _____

5. Is program registered, approved, or licensed by the Virginia Department of Social Services?
 Yes _____ No _____

If "no", explain exemption or exclusion from licensing regulation: _____

For CDA Candidates Only

8 Are you planning to work toward a Child Development Associate (CDA) Credential? _____

If "yes", please answer the following questions:

1. The CDA Scholarship Program requires that the Certificate of Income Verification be on file with the Program Office. Your application for a scholarship can be processed only when both the application and the Certificate of Income Verification have been received.) Have you completed this form? Yes _____ No _____

2. Are you working in a bilingual setting and interested in obtaining the CDA with a bilingual specialization? Yes _____ No _____

Each CDA candidate works with a qualified field advisor who assists with preparation and participates in the CDA Assessment. Please give the name, mailing address, and daytime telephone number of your advisor.

When do you expect to be assessed? _____

The above information is correct and documents my intention to prepare for and complete the CDA assessment process.

Candidate's Signature: _____

Date: _____

Return to:

Scholarship Program
Division of Licensing Programs
 8007 Discovery Drive,
 Richmond, VA 23229-8699
 (804) 662-9025

Virginia Child Care Provider Scholarship Program Certificate of Income Verification (CDA only)

Complete this form to be considered for scholarship funds for Child Development Associate Credential (CDA) Registration and Assessment only. Do not fill out this form if you are registering only for coursework at your community college.

1. Name: _____

2. Address: _____

3. Number of persons in family unit: _____

4. If filed, a copy of your most recent income tax for 1040A MUST accompany this application
____ Tax form completed and a copy enclosed
____ Tax form not completed for 1991

5. If financial assistance such as AFDC, Unemployment Compensation, Workman's Compensation, or General Assistance was received, documentation from the appropriate government agency must accompany this application.
____ Financial assistance was received and documentation is provided.
Type of assistance received: _____
____ Financial assistance was not received during 1991.

For Office Use Only

1. Current OMB Guidelines: _____
2. Total taxable income for 1991: _____
3. Meets income guidelines: _____
5. Letter sent to candidate (Date): _____

6. If you have neither a completed income tax form nor proof of financial assistance, call (804) 662-9085 or write to the address given below for assistance in determining what type of documentation you need.

7. Current hourly salary: _____

I certify that the information included in this application, to the best of my knowledge, is true and correct. If I am awarded a scholarship I agree to furnish income information to the Virginia Department of Social Services for a period of two years after receipt of the CDA Credential.

Signature of Applicant for CDA Scholarship

Date _____

For information about the Child Development Associate Credential, call the Council for Early Childhood Professional Recognition at 1-800-424 4310.

For information about the Virginia Child Care Provider Scholarship Program, call or write:

Ms. Catherine Loveland
Division of Licensing Programs
8007 Discovery Drive,
Richmond, VA 23229-8699
804 662 9085

General Information About the Scholarship Program

This scholarship program is open to Virginia residents who work in child care settings. A scholarship will pay tuition costs for a "Foundation Course" in child development; other courses leading to a "Career Studies Certificate", and/or for registration and assessment fees for the CDA Assessment. These courses are being offered at participating community colleges throughout the state.

If your community college is not offering the course, we may be able to make it available to you through a correspondence course. Also, if there is enough demand, your community college may decide to offer the course for you.

If you are selected for this scholarship, you will be notified by mail. We will also send your name and other information to the community college you indicated. You will be responsible for registering for your course through normal community college procedures. You will be able to buy your text, "Meeting Children's Needs in the Child Care Environment," at cost.

Learning about child development is one of the most important things you can do for the children in your care. We encourage you to apply for this scholarship and expand your career options.

EMERGENCY REGULATIONS

REPRINT

DEPARTMENT OF HEALTH

REGISTRAR'S NOTICE: The following emergency regulation was published in 8:22 V.A.R. 3934-3938 July 27, 1992, and is being reprinted to correct technical errors in § 1.1, definition of "cardiopulmonary resuscitation" and § 3.1 D, Revocation of an EMS/DNR Order.

Title of Regulation: VR 355-32-500.E. Rules and Regulations Governing Emergency Medical Services Do Not Resuscitate Program.

Statutory Authority: §§ 32.1-151, 32.1-153 and 54.1-2987.1 of the Code of Virginia.

Effective Dates: July 1, 1992 through June 30, 1993.

Summary:

1. **Request:** The emergency regulation is necessary to implement the new statute, enacted by the 1992 General Assembly, that authorizes EMS personnel to follow Do Not Resuscitate Orders for a terminally ill patient. The EMS/DNR Order Form, which is an attachment to these regulations, was submitted on May 5, 1992 for early approval to expedite procurement and distribution in time for the effective date of the statute, which is July 1, 1992.

2. **Recommendation:** Approval to implement emergency regulations governing the Emergency Medical Services Do Not Resuscitate Program and to initiate the process for promulgation of final regulations. It is anticipated that the Board of Health will approve the emergency regulations at its June 10, 1992 meeting.

/s/ Robert B. Stroube, M.D., M.P.H.
Date: May 14, 1992

3. CONCURRENCES:

/s/ Howard M. Cullum
Secretary of Health and Human Resources
Date: June 9, 1992

4. GOVERNOR'S ACTION:

/s/ Lawrence Douglas Wilder
Governor
Date: June 9, 1992

5. FILED WITH:

/s/ Joan W. Smith
Registrar of Regulations
Date: July 1, 1992

Nature of emergency - On July 1, 1992 a new statute to authorize qualified Emergency Medical Services personnel to follow Do Not Resuscitate Orders for certain adult

terminally ill patients will become effective (Section 54.1-2987.1 and Sections 32.1-151 and 153 of the Code of Virginia). The new law requires the Board of Health to promulgate regulations which prescribe the procedures, including the requirements for forms, to implement this new provision and which prescribe the qualifications necessary for authorization to follow EMS/DNR orders pursuant to Section 54.1-2987.1. It is important to implement this new EMS Do Not Resuscitate program as close to the effective date as possible, so the EMS community can be responsive to the needs and desires of the patients it serves. The patients for whom the legislation was designed, and their family members, will expect this program to be available July 1, 1992. There could be significant confusion in the field if the program is not ready for implementation by that date.

Purpose - To adopt Rules and Regulations Governing the EMS Do Not Resuscitate Program so that compliance with the new law is possible on July 1, 1992.

VR 355-32-500.E. Rules and Regulations Governing Emergency Medical Services Do Not Resuscitate Program.

PART I. DEFINITIONS.

§ 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meaning unless the context clearly indicates otherwise:

"Agent" means an adult appointed by a competent adult patient under an advance directive, executed or made in accordance with the provisions of Section 54.1-2983 of the Code of Virginia, to make health care decisions for him.

"Attending physician" means the primary physician who has responsibility for the treatment and care of the patient.

"Authorized decision maker" means, in order of priority, designated agent, guardian or committee, spouse, adult child, parent, adult brother or sister, other relative in descending order of blood relationship, provided, however, that when two or more persons in the same class with equal decision-making priority are in disagreement, a majority authorization shall be controlling.

"Board" means the State Board of Health.

"Cardiac arrest" means the cessation of a functional heartbeat.

"Cardiopulmonary resuscitation" means medical procedures including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, and defibrillation, administration of cardiac resuscitation medications and related procedures.

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"Commissioner" means the State Health Commissioner.

"Emergency Medical Services (EMS)" means the services utilized in responding to the perceived individual needs for immediate medical care in order to prevent loss of life, aggravation of physiological or psychological illness or injury including any or all services which could be described as first response, basic life support, advanced life support, specialized life support, patient transportation, medical control, and rescue.

"Emergency Medical Services Agency (EMS Agency)" means any person, firm, corporation, or organization licensed by the Board, which is properly engaged in the business, service, or regular activity of providing emergency medical care to persons who are sick, injured, wounded or otherwise incapacitated or helpless.

"Emergency Medical Services Do Not Resuscitate Order" ("EMS/DNR Order") means a written physician's order in a form approved by the Board which authorizes qualified emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from a particular patient in the event of cardiac or respiratory arrest.

"Emergency medical services personnel" ("EMS personnel") means persons responsible for the direct provision of emergency medical services in a given medical emergency including any or all persons who could be described as a first responder, attendant, attendant-in-charge, or operator.

"Qualified emergency medical services personnel" means EMS personnel who are authorized to follow EMS/DNR Orders. This shall include any person (i) holding current certification to provide emergency medical patient care or treatment by the Department of Health, including those certified as EMS First Responders, Emergency Medical Technicians (EMT), EMT-Shock/Trauma, EMT-Cardiac, and EMT-Paramedic and (ii) acting in accordance with EMS/DNR Order Implementation Protocols.

"Respiratory arrest" means cessation of breathing.

"Terminal condition" means a condition caused by injury, disease or illness from which, to a reasonable degree of medical probability, a patient cannot recover and (i) the patient's death is imminent or (ii) the patient is in a persistent vegetative state, as defined in Section 54.1-2982 of the Code of Virginia.

PART II. PURPOSE AND APPLICABILITY.

§ 2.1. Authority for Regulation.

Section 54.1-2987.1 of the Code of Virginia (1950), as amended, vests authority for the regulation of EMS/DNR Orders in the Board. Section 32.1-151 of the Code directs the Board to prescribe by regulation the procedures, including the requirements for forms, to authorize

qualified EMS personnel to follow EMS/DNR Orders pursuant to Section 54.1-2987.1. Section 32.1-153 further states that the Board shall prescribe those qualifications necessary for authorization to follow EMS/DNR Orders pursuant to Section 54.1-2987.1. Section 32.1-12 provides broad authority to the Board to promulgate regulations necessary to carry out the provisions of the Health Title, Title 32.1 of the Code.

§ 2.2. Purpose of Regulations.

The Board has promulgated these emergency regulations in order to ensure timely and appropriate implementation and application of the EMS/DNR Order Statute, effective July 1, 1992.

§ 2.3. Administration of Regulations.

These regulations shall be administered by the following:

A. The Board - The Board shall have the responsibility to promulgate and amend, as appropriate, regulations governing EMS/DNR Orders;

B. Commissioner - The Commissioner, pursuant to his authority under Section 32.1-20, shall administer these regulations.

§ 2.4. Application of Regulations.

These regulations shall have general application throughout the Commonwealth.

§ 2.5. Effective Date of Regulations.

These regulations shall become effective July 1, 1992.

PART III. REQUIREMENTS AND PROVISIONS.

Article I. General Provisions.

§ 3.1. The Emergency Medical Services Do Not Resuscitate Order Form.

The EMS/DNR Order Form shall be a unique document printed on distinctive security paper and sequentially numbered, as approved by the Board, and consistent with these regulations. The following requirements and provisions shall apply to the approved EMS/DNR Order Form.

A. Content of the Form - A valid EMS/DNR Order Form shall include (i) the attending physician's signed statement regarding the patient's terminal condition and his Do Not Resuscitate determination as set forth in the Order Form, (ii) the patient's signed directives, or (iii) a designated agent's or authorized decision maker's signature, if applicable.

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B. *Effective Period for a Signed EMS/DNR Order Form* - A signed EMS/DNR Order shall be effective for no more than one year from the date the order is written. If the patient is still living at the end of that time, a new EMS/DNR Order Form may be executed and issued by the attending physician.

C. *Original EMS/DNR Order Form* - Only an original EMS/DNR Order Form, or an unaltered EMS/DNR Order Bracelet, as provided for in Section 3.2 of these regulations, shall be valid for purposes of withholding or withdrawing cardiopulmonary resuscitation by qualified EMS personnel in the event of cardiac or respiratory arrest. The original form shall be maintained and displayed at the patient's home in one of the places designated on the form or shall accompany the patient, if traveling. Copies of the EMS/DNR Order Form may be given to other providers or persons for information, with the express consent of the patient or the patient's designated agent or authorized decision maker.

D. *Revocation of an EMS/DNR Order* - An EMS/DNR Order may be revoked at any time by the patient (i) by physical cancellation or destruction of the EMS/DNR Order Form and bracelet by the patient or another in his presence and at his direction; or (ii) by oral expression of intent to revoke, or by the patient's attending physician, or the designated agent or authorized decision maker for the patient.

E. *Distribution of EMS/DNR Order Forms* - Approved, sequentially numbered EMS/DNR Forms, with instructions, shall be available to physicians through local Health Department offices and local hospitals, and to private physicians, on request. Other distribution points may be approved by the Commissioner to meet identified needs.

§ 3.2. The EMS/DNR Order Bracelet.

An EMS/DNR Order Bracelet, as approved by the Board, shall be issued with the EMS/DNR Order. Such EMS/DNR Order Bracelet shall be a uniquely designed, easily identifiable plastic identification bracelet containing the patient's name, Social Security Number, attending physician's name and telephone number, number of the EMS/DNR Order, and date of issuance and expiration of the Order. An intact, unaltered, current EMS/DNR Bracelet may be honored by qualified EMS personnel in lieu of an original EMS/DNR Order Form.

PART IV. IMPLEMENTATION PROCEDURES.

§ 4.1. Issuance of an EMS/DNR Order.

An EMS Do Not Resuscitate Order may only be issued by an attending physician for a patient who has been diagnosed as having a terminal condition. The physician shall explain to the patient or, if pertinent, his agent or his family the alternatives available, including issuance of an EMS/DNR Order. If the option of an EMS/DNR Order

is agreed upon, the attending physician shall have the following responsibilities.

A. Obtain the signature of the patient or designated agent or authorized decision maker or the spokesman for a majority of the highest class of decision makers.

B. Execute and date the Physician Order on the EMS/DNR Order Form.

C. Issue the original EMS/DNR Order Form and Bracelet and place Bracelet on patient.

D. Explain how and by whom the EMS/DNR Order may be revoked.

§ 4.2. EMS Do Not Resuscitate Implementation Procedures.

Qualified Emergency Medical Services personnel shall conform with the following general procedures and published State EMS/DNR Order Implementation Protocols when responding to a patient who is in cardiac or respiratory arrest and who is known or suspected to have an EMS/DNR Order in effect.

A. Initial Assessment and Intervention

Perform routine patient assessment and resuscitation or intervention until EMS/DNR Order status is confirmed, as follows.

1. Determine that EMS/DNR Order Bracelet is intact and not defaced or that the original EMS/DNR Order Form is present and current.

2. Verify, through Driver's License or other identification with photograph and signature or by positive identification by a family member or other person that knows patient, that the patient in question is the one for whom the EMS/DNR Order was issued.

3. If no EMS/DNR Order Bracelet is found, ask family member or other person to look for the original EMS/DNR Order Form.

4. If the EMS/DNR Order Bracelet is not attached or has been defaced, and if no valid EMS/DNR Order Form is produced, consider the EMS/DNR Order to be invalid.

B. Resuscitative Measures to be Withheld or Withdrawn

In the event of cardiac or respiratory arrest of a patient with a valid EMS/DNR Order under the criteria set forth above, the following procedures should be withheld or withdrawn by qualified EMS personnel, unless otherwise directed by the attending physician.

1. Cardiopulmonary Resuscitation (CPR)

2. Endotracheal Intubation or other advanced airway

management

3. Artificial Ventilation

4. Defibrillation

5. Cardiac resuscitation medications

6. Related procedures, as defined by attending physician or medical protocols.

C. Procedures to Provide Comfort Care or to Alleviate Pain

In order to provide comfort care or to alleviate pain for a patient with a valid EMS/DNR Order, the following interventions may be provided, depending on the needs of the particular patient.

1. Airway (excluding intubation or advanced airway management)

2. Suction

3. Oxygen

4. Pain medications (Advanced Life Support personnel only)

5. Control bleeding

6. Make patient comfortable

7. Be supportive to patient and family

D. Revocation

The patient, the attending physician, or the patient's designated agent or authorized decision maker may revoke the EMS/DNR Order at any time, as provided in Section 3.1 D. of these Regulations. If an EMS/DNR Order is revoked by one of these authorized persons, EMS personnel shall resume full resuscitation and treatment of the patient.

E. Documentation

When following an EMS/DNR Order for a particular patient, EMS personnel shall document the response in the following way.

1. Use a standard prehospital patient care report form.

2. Describe assessment of patient's status.

3. Document which identification (EMS/DNR Order Form or Bracelet) was used to confirm EMS/DNR status and that it was intact, not defaced, not canceled, or not officially revoked.

4. Record actual EMS/DNR Order Number as well as

name of patient's attending physician.

5. If transporting the patient, keep original EMS/DNR Order Form with the patient.

F. General Considerations

The following general principles shall apply to implementation of EMS Do Not Resuscitate Orders.

1. If there is misunderstanding with family members or others present at the scene or if there are other concerns about following the EMS/DNR Orders, contact the attending physician or EMS medical control for guidance.

2. If there is any question about the validity of an EMS/DNR Order, resuscitate.

3. An EMS/DNR Order does not mean do not treat otherwise or do not provide appropriate care. Provide all possible comfort care and treat patient and family with care and concern.



Order # _____
 Date Order Written _____
 (Expires one year from this date)
 REGISTER OF REGULATIONS
 REGISTER OF REGULATIONS
 93 AUG 31 AM 10:34 92 JUL -1 PM 4:53

**VIRGINIA EMERGENCY MEDICAL SERVICES
 DO NOT RESUSCITATE ORDER**

Patient's Full Legal Name _____

ATTENDING PHYSICIAN'S ORDER

I, the undersigned, state that I am the attending physician of the patient named above. I have diagnosed and certified in the patient's medical record that he/she is in a terminal condition. Terminal condition means a condition caused by injury, disease or illness from which, to a reasonable degree of medical probability a patient cannot recover and (i) the patient's death is imminent or (ii) the patient is in a persistent vegetative state.

I further certify: (must check 1 or 2)

- 1. The patient is **CAPABLE** of making an informed decision about providing, withholding or withdrawing a specific medical treatment or course of treatment. (Signature of patient is required, see reverse).
- 2. The patient is **INCAPABLE** of making an informed decision about providing, withholding or withdrawing a specific medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, (patient is **INCAPABLE** of making an informed decision), check 1, 2, or 3 below:

- 1. The patient has executed a written advance directive which directs that life-prolonging procedures be withheld or withdrawn in the event he/she is diagnosed as being in a terminal condition.
- 2. The patient has executed a written advance directive which appoints an agent to make health care decisions on his/her behalf and provides that agent with authority to direct that life-prolonging procedures be withheld or withdrawn in the event he/she is diagnosed as being in a terminal condition. (Signature of agent is required, see reverse).
- 3. The patient has **NOT** executed a written advance directive (living will or durable power of attorney for health care). (Signature of guardian or committee, if one has been appointed, or authorized family member is required, see reverse).

I hereby direct any and all qualified Emergency Medical Services Personnel, commencing on the effective date noted above and expiring one year from that date, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation, and other advanced airway management, artificial ventilation, and defibrillation and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide to the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain.

Signature of Attending Physician _____ Telephone # (Emergencies) _____
 Printed Name _____

Type in information, cut out, fold and insert in bracelet

NAME _____ SSN # _____
 M.D. _____ Phone # _____
 DNR # _____ Effective: _____

PATIENT'S SIGNATURE

I, the undersigned, hereby direct that in the event of my cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated. I understand that I may revoke these directions at any time by physical cancellation or destruction of this form and the accompanying bracelet, or by orally expressing a desire to be resuscitated to Emergency Medical Services (EMS) Personnel. I also understand that if EMS Personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation.

 Signature of Patient

**SIGNATURE OF DESIGNATED AGENT
 OR OTHER AUTHORIZED DECISION MAKER**

I, the undersigned, hereby certify that I am authorized to provide consent on the patient's behalf by virtue of my relationship to the patient as _____ (in order of priority: designated agent, guardian or committee, spouse, adult child, parent, adult brother or sister, other relative in descending order of blood relationship). In that capacity, I hereby direct that in the event of the patient's cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated. I understand that I may revoke these directions at any time by physical cancellation or destruction of this form and the accompanying bracelet. I also understand that if EMS Personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation of the patient.

 Signature of Authorized
 Decision Maker

EMS PERSONNEL WILL LOOK FOR THIS ORDER IN THE FOLLOWING PLACES:

- ON THE BACK OF THE DOOR LEADING TO THE PATIENT'S BEDROOM,
- ON THE BEDSIDE TABLE, BESIDE THE PATIENT'S BED,
- ON THE REFRIGERATOR, OR
- IN THE PATIENT'S WALLET

Emergency Regulations

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Title of Regulation: VR 460-03-3.1301. Nursing Facility and MR Criteria.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Effective Dates: September 1, 1992 through August 31, 1993.

Summary:

1. **REQUEST:** The Governor's approval is hereby requested to adopt the emergency regulations entitled Criteria for Nursing Home Pre-Admission Screening. This Nursing Home Pre-Admission Screening policy revises existing regulations to clarify the requirements and the process for determining that nursing facility criteria are met.

2. **RECOMMENDATION:** The Department's emergency adoption action regarding Nursing Home Pre-Admission Screening. The Department intends to initiate the public notice and comment requirements contained in the Code of Virginia § 9-6.14:7.1.

/s/ Bruce U. Kozlowski
Director

Date: July 31, 1992

3. CONCURRENCES:

/s/ Howard M. Cullum
Secretary of Health and Human Resources
Date: August 17, 1992

4. GOVERNOR'S ACTION:

/s/ Lawrence Douglas Wilder
Governor
Date: August 27, 1992

5. FILED WITH:

/s/ Joan W. Smith
Registrar of Regulations
Date: September 1, 1992

DISCUSSION

6. **BACKGROUND:** The section of the State Plan for Medical Assistance affected by this emergency regulation is the Supplement to Attachment 3.1 C, Nursing Facility Care Criteria.

Nursing home pre-admission screening was implemented in Virginia in 1977 to ensure that Medicaid-eligible individuals placed in nursing homes actually required nursing home care. In 1982, the Department obtained approval for a Section 2176 Home and Community-Based Care waiver to allow individuals who have been

determined to require nursing facility services an alternative to nursing home placement. This alternative to nursing home care has become the Home and Community-Based Care Services program and offers such services as personal care, respite care, and adult day health care.

In 1989, the Department revised a portion of the regulations related to nursing home pre-admission screening to incorporate the requirement for screening of all individuals for evaluation of conditions of mental illness or mental retardation.

Long-term care is the fastest growing expenditure in Medicaid's budget. Nursing home pre-admission screening is the gatekeeping mechanism designed to prevent inappropriate utilization of Medicaid-funded long-term care services. During the past year, increased demand and declining resources have decreased the availability of other service options in the continuum of care for elderly and disabled persons resulting in growth in the number of persons being referred to Medicaid-funded long-term care services. Clarification in the regulations is necessary to strengthen the Department's ability to prevent inappropriate institutionalization and inappropriate utilization of home and community-based service alternatives.

Nursing facility criteria have always required an evaluation of both the individual's functional and nursing needs, however, the original regulations which define the criteria have contained conflicting language. One section indicated that both functional capacity and nursing needs had to be met in order to authorize nursing facility level of care. Another section stated that the individual could be determined appropriate for nursing facility care when they met a category of functional dependency. This emergency regulation removes this confusion by stating clearly that both functional dependency and medical and nursing needs must be present to qualify for nursing facility care.

In the existing regulations, nursing needs are defined only by example of the types of nursing services which indicate a need for nursing facility care. This emergency regulation adds a definition for medical and nursing needs and clarifies and expands the list of the types of services which are provided by licensed nursing or professional personnel.

This emergency regulation contains additional sections which summarize the nursing facility criteria and the evaluation process for determining eligibility for Medicaid-funded nursing home or community-based care services. The list of specific care needs which do not meet nursing facility criteria has been moved to the summary section. This list has been clarified and expanded. The evaluation section clarifies specific criteria for determining when an individual is at imminent risk of nursing home placement and can be authorized for community-based care placement and requires the evaluator to document that a community-based care option has been explored and

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explained to the client and/or client's primary caregiver prior to authorizing nursing facility care.

7. AUTHORITY TO ACT: The Code of Virginia (1950) as amended, § 32.1-324 and 32.1-325, authorizes the Director of the Department of Medical Assistance Services to administer and amend the plan for Medical Assistance in lieu of Board action pursuant to the Board's requirements. The Code also provides, in the Administrative Process Act (APA) § 9-6.14:9, for this agency's adoption of emergency regulations subject to the Governor's approval. Subsequent to the emergency adoption action and filing with the Registrar of Regulations, the Code requires this agency to initiate the public notice and comment process as contained in Article 2 of the APA.

In 1982, the Code of Virginia § 32.1-327.2 was revised to require pre-admission screening for all individuals who will be eligible for community or institutional long-term care. (Revised in 1985 in Code of Virginia, § 32.1-330.)

8. FISCAL/BUDGETARY IMPACT: The Department estimates that during FY91 approximately 200 persons were inappropriately authorized for Medicaid-funded long-term care. The cost to Medicaid for such inappropriate authorizations could, based on the average per capita expenditure for nursing home care for half this population and the average per capita expenditure for community-based care for the other half, be as much as \$1.6 million.

Immediate regulatory action is required to enable the Department to prevent in appropriate authorization of costly institutional or community-based care. Without an emergency regulation, this amendment to the State Plan cannot become effective until the publication and concurrent comment and review period requirements of the APA's Article 2 are met.

9. RECOMMENDATION: Recommend approval of this request to take an emergency adoption action to become effective upon its filing with the Registrar of Regulations. From its effective date, this regulation is to remain in force for one full year or until superseded by final regulations promulgated through the APA.

10. APPROVAL SOUGHT FOR VR 460-03-3.1300.

Approval of the Governor is sought for an emergency modification of the Medicaid State Plan in accordance with the Code of Virginia § 9-6.14:4.1(C)(5) to adopt the following regulation:

VR 460-03-3.1301. Nursing Facility and MR Criteria.

§ 1.0. Nursing facility criteria introduction.

A. Traditionally, the model for nursing facility care has been facility or institutionally based; however, it is important to recognize that nursing facility care services can be delivered outside a nursing home. Nursing facility

care is the provision of services regardless of the specific setting. It is the care rather than the setting in which it is rendered that is significant. The criteria for assessing an individual's eligibility for Medicaid payment of long-term care (nursing facility or community-based) care) are divided into consist of two areas components : (i) functional capacity (the degree of assistance an individual requires to complete activities of daily living) and (ii) medical or nursing needs. An individual must meet both functional capacity requirements and have a medical condition which requires medical or nursing management on a daily basis in order to qualify for Medicaid payment for nursing facility or community-based care. An exception may be made when the individual does not meet the functional capacity requirement but the individual does have a health condition that requires the daily direct services of a licensed nurse that cannot be managed on an outpatient basis.

B. The preadmission screening process preauthorizes marks the beginning of a continuum of long-term care services available to an individual under the Virginia Medical Assistance Program. Nursing Facilities' Preadmission Screenings are performed by agencies contracted with the Department of Medical Assistance Services (DMAS) to authorize Medicaid-funded long-term care. The authorization of Medicaid-funded long-term care may be rescinded by the nursing facility or by DMAS at any point that the individual is determined not to meet the criteria for nursing facility care. Nursing facility Medicaid-funded long-term care services are covered by the program for individuals whose needs meet the criteria established by program regulations. Placement in a non-institutional setting shall be considered before nursing facility placement is sought.

C. Nursing facilities must conduct a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity and medical and nursing needs . This assessment must be conducted no later than 14 days after the date of admission and promptly after a significant change in the resident's physical or mental condition. Prior to an individual's admission, the nursing facility must review the completed pre-admission screening forms to ensure that appropriate nursing facility admission criteria have been met. If at any time during the course of the resident's stay, it is determined that the resident does not meet nursing facility criteria as defined in the State Plan for Medical Assistance, the nursing facility must initiate discharge of such resident.

The Department of Medical Assistance Services shall conduct a validation survey of the assessments completed by nursing facilities to determine that services provided to the residents are medically necessary meet nursing facility criteria and that needed services are provided.

D. The criteria for nursing facility care under the Virginia Medical Assistance Program are contained herein. An individual's need for care must meet this these criteria before any authorization for payment by Medicaid will be

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made for either institutional or noninstitutional long-term care services. The Nursing Home Pre-Admission Screening team is responsible for documenting on the Long-Term Care Assessment Process Instrument (DMAS-95) that the individual meets the criteria for nursing facility care and for authorizing admission to Medicaid-funded long-term care. The rating of functional dependencies on the DMAS-95 must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence. The nursing facility is also responsible for documenting, upon admission and on an ongoing basis, that the individual meets and continues to meet nursing facility criteria.

Reimbursement to nursing facilities for residents requiring specialized care shall only be made on a contractual basis.

§ 2.0. Criteria for nursing facility care using the DMAS-95

A. Functional dependency alone is not sufficient to demonstrate the need for nursing facility care.

B. Except as provided for in § 1.0 A, an individual may only be considered to meet the nursing facility care shall be the provision of services for persons whose health needs require medical and nursing supervision or care. These services may be provided in various settings, institutional and noninstitutional, criteria when both the functional capacity of the individual and his medical or nursing needs must be considered in determining the appropriateness of care meet the following requirements. Even when an individual meets nursing facility criteria, placement in a noninstitutional setting shall be considered before nursing facility placement is sought.

B. 1. Functional capacity.

a. Individuals may be considered appropriate to meet the functional capacity requirements for nursing facility care when one of the following describes their functional capacity as documented on the DMAS-95 consistent with the directions for completion of the form included in the Long-Term Care Information System Assessment Process manual:

1. Rated dependent in two to four of the Activities of Daily Living (Items 1-7), and also rated semi-dependent or dependent in Behavior Pattern and Orientation (Item 8), and semi-dependent in Medication Administration (Item 10).

2. (1) Rated dependent in two to four of the Activities of Daily Living (Items 1-7), and also rated semi-dependent or dependent in Behavior Pattern and Orientation (Item 8), and semi-dependent in Joint Motion (Item 11) or semi-dependent in Medication Administration.

3. (2) Rated dependent in five to seven of the Activities of Daily Living (Items 1-7), and also rated dependent in Mobility.

4. (3) Rated semi-dependent in two to seven of the Activities of Daily Living (Items 1-7) and also rated dependent in Mobility (Item 9), and Behavior Pattern and Orientation (Item 8). An individual in this category will not be appropriate for nursing facility care unless he also has a medical condition requiring treatment or observation by a nurse.

C. Placement in a noninstitutional setting should be considered before nursing home placement is sought.

§ 3. Functional status.

b. The rating of functional dependencies on the DMAS-95 must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence.

The following abbreviations shall mean:

I = independent; d = semi-dependent; D = dependent; MH = mechanical help; HH = human help.

A. (1) Bathing

1. (a) Without help (I)

2. (b) MH only (d)

3. (c) HH only (D)

4. (d) MH and HH (D)

5. (e) Is bathed (D)

B. (2) Dressing

1. (a) Without help (I)

2. (b) MH only (d)

3. (c) HH only (D)

4. (d) MH and HH (D)

5. (e) Is dressed (D)

6. (f) Is not dressed (D)

C. (3) Toileting

1. (a) Without help day and night (I)

2. (b) MH only (d)

3. (c) HH only (D)

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4. (d) MH and HH (D)

5. (e) Does not use toilet room (D)

D. (4) Transferring

1. (a) Without help (I)

2. (b) MH only (d)

3. (c) HH only (D)

4. (d) MH and HH (D)

5. (e) Is transferred (D)

6. (f) Is not transferred (D)

E. (5) Bowel Function

1. (a) Continent (I)

2. (b) Incontinent less than weekly (d)

3. (c) Ostomy - self care (d)

4. (d) Incontinent weekly or more (D)

5. (e) Ostomy - not self care (D)

F. (5) Bladder Function

1. (a) Continent (I)

2. (b) Incontinent less than weekly (d)

3. (c) External device - self care (d)

4. (d) Indwelling catheter - self care (d)

5. (e) Ostomy - self care (d)

6. (f) Incontinent weekly or more (D)

7. (g) External device - not self care (D)

8. (h) Indwelling catheter - not self care (D)

9. (i) Ostomy - not self care (D)

G. (7) Eating/Feeding

1. (a) Without help (I)

2. (b) MH only (d)

3. (c) HH only (D)

4. (d) MH and HH (D)

5. (e) Spoon fed (D)

6. (f) Syringe or tube fed (D)

7. (g) Fed by IV or clysis (D)

H. (8) Behavior Pattern and Orientation

1. (a) Appropriate or Wandering/Passive less than weekly + Oriented (I)

2. (b) Appropriate or Wandering/Passive less than weekly + Disoriented - Some Spheres (I)

3. (c) Wandering/Passive Weekly or More + Oriented (I)

4. (d) Appropriate or Wandering/Passive less than weekly + Disoriented - All Spheres (d)

5. (e) Wandering/Passive Weekly or more + Disoriented - Some or All Spheres (d)

6. (f) Abusive/Aggressive/Disruptive less than weekly + Oriented or Disoriented (d)

7. (g) Abusive/Aggressive/Disruptive weekly or more + Oriented (d)

8. (h) Abusive/Aggressive/Disruptive weekly or more + Disoriented (D)

9. (i) Mobility

a. (i) Goes outside without help (I)

b. (ii) Goes outside MH only (d)

c. (iii) Goes outside HH only (D)

d. (iv) Goes outside MH and HH (D)

e. (v) Confined - moves about (D)

f. (vi) Confined - does not move about (D)

10. (j) Medication Administration

a. (i) No medications (I)

b. (ii) Self administered - monitored less than weekly (I)

c. (iii) By lay persons, monitored less than weekly (I)

d. (iv) By Licensed/Professional nurse and/or monitored weekly or more (D)

e. (v) Some or all by Professional nurse (D)

11. (k) Joint Motion

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a. (i) Within normal limits (I)

b. (ii) Limited motion (d)

c. (iii) Instability - corrected (I)

d. (iv) Instability - uncorrected (D)

e. (v) Immobility (D)

§ 4. Nursing needs.

2. Medical or nursing needs.

A. a. An individual with medical or nursing needs is an individual who has a medical condition which requires the skills of a physician or a licensed nurse to oversee his or her care on a daily basis in order to render direct care or to supervise the care of trained nursing assistants.

b. Following are examples of services provided or supervised by licensed nursing and professional personnel; however, no single service necessarily indicates a need for nursing facility care:

1. (1) Application of aseptic dressings;

2. (2) Routine catheter care;

3. (3) ~~Inhalation~~ Respiratory therapy after the regimen has been established;

4. (4) Supervision for adequate nutrition and hydration for patients individuals who ; due to physical or mental impairments, are subject to show clinical evidence of malnourishment or dehydration;

5. Routine care in connection with plaster casts, braces, or similar devices;

6. Physical, occupational, speech, or other therapy;

7. (5) Therapies, Therapeutic exercise and positioning to maintain or strengthen muscle tone, to prevent contractures, decubiti, and deterioration ;

8. (6) Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder ;

9. (7) Use of physical and/or chemical restraints including bedrails, soft binders, and wheelchair supports ;

10. (8) Routine skin care to prevent decubiti pressure ulcers for individuals who are immobile ;

11. (9) Care of small uncomplicated decubiti pressure ulcers , and local skin rashes; or

12. (10) ~~Observation~~ Management of those with

sensory, metabolic, and or circulatory impairment for potential with demonstrated clinical evidence of medical instability complications .

(11) Chemotherapy

(12) Radiation

(13) Dialysis

(14) Suctioning

(15) Tracheostomy care

(16) Infusion therapy

(17) Oxygen

B. Services requiring more intensive nursing care, such as wounds or lesions requiring daily care, nutritional deficiencies leading to specialized feeding, and paralysis or paresis benefitting from rehabilitation, shall be reimbursed at a higher rate.

C. The final determination for nursing facility care shall be based on the individual's need for medical and nursing management. Nursing facility care criteria are intended only as guidelines. Professional judgment must always be used to assure appropriateness of care.

C. Even when an individual meets nursing facility criteria, placement in a noninstitutional setting shall be considered before nursing facility placement is sought.

§ 2.1. SUMMARY OF NURSING FACILITY CRITERIA

A. An individual shall be determined to meet the nursing facility criteria when:

1. the individual has both limited functional capacity and requires medical or nursing management according to the requirements of this section or

2. the individual has some functional limitations, but does not meet the functional capacity requirements, and the individual requires the daily direct services of a licensed nurse that cannot be managed on an outpatient basis.

B. An individual shall not be determined to meet nursing facility criteria when one of the following specific care needs describes his condition:

1. An individual who requires minimal assistance with activities of daily living, including those persons whose only need in all areas of functional capacity is for prompting to complete the activity;

2. An individual who independently uses mechanical devices such as a wheelchair, walker, crutch, or cane;

Emergency Regulations

3. An individual who requires limited diets such as a mechanically altered, low salt, low residue, diabetic, reducing, and other restrictive diets;

4. An individual who requires medications that can be independently self-administered or administered by the caregiver;

5. An individual who requires protection to prevent him from obtaining alcohol or drugs or to address a social/environmental problem;

6. An individual who requires minimal observation or assistance by staff for confusion, memory impairment, or poor judgment;

7. An individual whose primary need is for behavioral management;

8. An individual who requires observation of a chronic health care condition which is stable, not requiring frequent adjustment of an established treatment regime and which can be safely managed by non-skilled caregivers.

§ 2.2. EVALUATION TO DETERMINE ELIGIBILITY FOR MEDICAID PAYMENT OF NURSING FACILITY OR HOME AND COMMUNITY-BASED CARE SERVICES

A. Once the nursing home preadmission screening committee evaluator (evaluator) has determined whether or not an individual meets the nursing facility criteria, the evaluator must determine the most appropriate and cost-effective means of meeting the needs of the individual. The evaluator must document a complete assessment of all the resources available for that individual in the community (i.e., the immediate family, other relatives, other community resources and other services in the continuum of long-term care which are less intensive than nursing facility level of care services.

B. The evaluator shall be responsible for preauthorizing Medicaid-funded long-term care according to the needs of each individual and the support required to meet those needs.

1. The evaluator shall not authorize Medicaid-funded long-term care (nursing facility or community-based waiver services) for any individual who does not meet nursing facility criteria;

2. The evaluator shall authorize community-based waiver services as an alternative to nursing facility care only for an individual who meets the nursing facility level of care and who is in imminent risk of nursing home placement without waiver services. Imminent risk of nursing facility placement shall be determined by assessing the likelihood that the individual will be placed in a nursing facility if community-based waiver services are not offered. This assessment must be documented either on the

DMAS-95 or in a separate attachment for every individual authorized to receive nursing facility or community-based waiver services. In order to authorize community-based waiver services, the evaluator must document that the individual is at imminent risk of nursing facility placement by finding that one of the following conditions is met:

a. application for the individual to a nursing facility has been made and accepted;

b. the individual has been cared for in the home prior to the assessment and a deterioration in health care condition or change in available support has occurred which prevents former care arrangements from meeting the individual's need;

c. there has been no change in condition or available support but evidence is available that demonstrates the individual's medical and nursing needs are not being met. Examples of such evidence may be, but shall not necessarily be limited to:

1) recent hospitalizations,

2) attending physician documentation, or

3) reported findings from medical or social service agencies.

3. The evaluators shall authorize Medicaid-funded nursing facility care for an individual who meets the nursing facility criteria only when services in the community are either not a feasible alternative or the individual or the individual's representative rejects the evaluator's plan for community services. The evaluator must document that the option of community-based alternatives has been explained, the reason community-based services were not chosen, and have this document signed by the client or client's primary caregivers.

§ 5. Specific services which do not meet the criteria for nursing facility care:

A. Care needs that do not meet the criteria for nursing facility care include, but are not limited to, the following:

1. Minimal assistance with activities of daily living;

2. Independent use of mechanical devices such as a wheelchair, walker, crutch, or cane;

3. Limited diets such as mechanically altered, low salt, low residue, diabetic, reducing, and other restrictive diets;

4. Medications that can be independently self-administered or administered by the individual with minimal supervision;

5. The protection of the patient to prevent him from obtaining alcohol or drugs, or from confronting an unpleasant situation; or

6. Minimal observation or assistance by staff for confusion, memory impairment, or poor judgment.

B. Special attention shall be given to individuals who receive psychiatric treatment. These individuals must also have care needs that meet the criteria for nursing facility care.

§ 6. Summary.

In patient placement, all available resources must be explored, i.e., the immediate family, other relatives, home health services, and other community resources. When applying the criteria, primary consideration is to be given to the utilization of available community/family resources.

STATE CORPORATION COMMISSION

ADMINISTRATIVE RULING 0212.1
BUREAU OF FINANCIAL INSTITUTIONS

August 17, 1992

OUTSIDE AUDITOR ACCESS TO VIRGINIA
EXAMINATION REPORTS

Administrative Letter 1992-14

TO: All Insurance Companies Licensed in Virginia

RE: Licensing of Managing General Agents

COPIES OF EXAMINATION REPORTS

Virginia Code §§ 6.1-90 and 6.1-194.79 provide, in pertinent part, that Boards of Directors of banks and savings institutions may, by resolution, permit reports of examination made by the Bureau of Financial Institutions to be inspected in the institution by such persons as are specified in the resolution. (Emphasis added). In addition, Section 931 of FIRREA requires an insured depository institution to furnish copies of examination reports to its outside auditors. Although the provision in Virginia law for such inspections might be construed as more restrictive, no actual conflict exists, since FIRREA does not require that outside auditors be permitted to remove copies of examination reports from the institutions' premises. Confining review of Bureau examination reports to the premises of the institution is not likely to obstruct or impair the completion of an audit.

EXIT INTERVIEWS AND MEETINGS

The federal bank and thrift regulatory agencies issued a policy statement on July 23, 1992, providing guidelines to depository institutions for furnishing information to external auditors and for meetings between external auditors and examiners. While the Bureau is not bound by these guidelines, their application to banks and savings institutions under examination must be recognized and examiners should respect arrangements made for the attendance of outside auditors at meetings where the results of an examination by a federal agency are to be discussed. However, in the case of independent examinations by the Bureau, attendance by outside auditors at exit interviews or meetings with management may be restricted if the examiner concludes that communication might be impaired by the presence of auditors or other persons.

The absolute necessity for preserving the confidentiality of information in examination reports is strongly emphasized. It may be useful to remind outside auditors that the unauthorized disclosure of confidential supervisory information may be grounds for civil and criminal charges under both State and federal law.

Issued by the Commissioner of Financial Institutions
August 20, 1992.

This Administrative Ruling supersedes and replaces Administrative Ruling 0212 issued December 19, 1990, which is rescinded.

Reference: Virginia Code §§ 6.1-90 and 6.1-194.79

On July 1, 1992, Chapter 18 of Title 38.2 of the Code of Virginia was amended to include Article 6 (§ 38.2-1858 et seq.) which requires the licensing of managing general agents.

Definitions

"Managing general agent" means any person (individual, partnership, or corporation) who:

(1) manages all or part of the insurance business of an insurer, including the management of a separate division, department, or underwriting office; and

(2) acts as an agent for such insurer whether known as a managing general agent, manager or other similar term, who, with or without the authority, either separately or together with affiliates, produces, directly or indirectly, and underwrites an amount of gross direct written premium equal to or exceeding five percent of the surplus to policyholders of the insurer as reported in the last annual statement of the insurer in any one quarter or year together with one or more of the following:

(i) adjusts or pays claims in excess of \$1,000; or

(ii) negotiates reinsurance on behalf of the insurer.

"Underwrite" means the authority to accept or reject risks on behalf of the insurer.

The following persons shall not be considered managing general agents:

1. An employee of the insurer;

2. A U.S. manager of the United States branch of an alien insurer;

3. An underwriting manager which manages all the insurance operations of the insurer, is under common control with the insurer, and whose compensation is not based on the volume of premiums written;

4. The attorney-in-fact authorized by and acting for the subscribers of a reciprocal insurer.

License Requirements

Managing general agents who represent domestic insurers must be licensed in Virginia. Managing general

State Corporation Commission

agents who represent foreign or alien insurers must be licensed in Virginia unless the managing general agent is licensed in another state and that state has laws substantially similar to the provisions found in Article 6. The Bureau of Insurance has the authority to determine whether a managing general agent is subject to licensing in Virginia.

The law states that no insurer may continue to utilize the services of a managing general agent on and after October 1, 1992, unless such utilization is in compliance with this article. Section 38.2-1861 specifies the duties of insurers utilizing managing general agents, and § 38.2-1860 sets forth the minimum provisions that must be contained in the contract between the insurer and the managing general agent. An insurer utilizing a managing general agent as defined in § 38.2-1858 must comply with the provisions set forth in § 38.2-1861 even if its managing general agent is exempt from licensing. Please note that the requirements of Article 6 may necessitate revision of existing contracts with managing general agents, regardless of whether Virginia licensing is required.

Appointment Procedures

Pursuant to § 38.2-1861.E, each insurer that contracts with a managing general agent must notify the Bureau of Insurance within thirty (30) days of entering into or termination of such contract. Those insurers who already have a contractual relationship with a managing general agent subject to licensing in Virginia should submit an appointment form within 30 days after the managing general agent obtains a Virginia license. The methodology for such reporting will be similar to our current methodology for appointment of agents and appointment termination. A new appointment form for managing general agents is being developed. The same form will be used both for notification of appointment and termination of appointment of a managing general agent. The \$10 appointment fee will be billed to each appointing insurer as part of its regular quarterly billing, and the appointment will be subject to renewal as of July 1 of each year, just as it is for agent appointment renewals. The new form, designated PIN200B, will be available shortly. Insurers wishing to obtain copies of the new form should request them from the Bureau's Agents Licensing Section in the same manner as they request other licensing forms.

Licensing Procedures

Each insurer that uses the services of a managing general agent (as defined in § 38.2-1858) that is subject to licensing in Virginia is responsible for notifying each of its managing general agents that they must request a license application package from the Bureau of Insurance. Such request must be made in writing and should be addressed to:

Agents Licensing Section
Bureau of Insurance

State Corporation Commission
P.O. Box 1157
Richmond, Virginia 23209

The initial license application must be accompanied by:

1. An application form;
2. A nonrefundable \$500 application fee;
3. Proof of an acceptable fidelity bond for the protection of each insurer the managing general agent represents in an amount at least equal to 10% of the annual gross direct written premium produced by the managing general agent; and
4. Proof of an acceptable errors and omissions policy with limits set at \$1,000,000 or 25% of the annual gross direct written premium produced by the managing general agent, whichever is greater.

This license will be good for up to two (2) years and will expire every other June 30. A renewal application form and renewal fee of \$500 will have to be submitted by April 1 of the year in which the license will expire.

Insurers' Annual Renewal Packet

Each insurer will be required, as part of its license renewal, to submit along with its annual statement an exhibit providing the following information concerning each of its managing general agents:

1. Name;
2. Tax I.D. or Social Security Number;
3. Business Address;
4. Business Telephone Number;
5. State(s) where the managing general agent is licensed;
6. Certification that a contract exists between the insurer and the managing general agent and that the contract complies with the requirements of § 38.2-1860;
7. Certification that the insurer has complied with all of the requirements of § 38.2-1861 in its dealings with the managing general agent;
8. Certification that each managing general agent licensed in Virginia has a fidelity bond for the protection of the insurer in an amount at least equal to 10% of the annual gross direct written premium produced by the managing general agent;
9. Certification that each managing general agent licensed in Virginia has an errors and omissions policy with limits set at \$1,000,000 or 25% of the annual

State Corporation Commission

gross direct written premium produced by the managing general agent, whichever is greater.

An appropriate form for furnishing the above information will be included with the license renewal packet provided to each licensed insurer in December of each year.

A copy of Article 6 has been enclosed for your review. If you have any questions, please contact the Agents Licensing Section of the Bureau of Insurance.

/s/ Steven T. Foster
Commissioner of Insurance

examination by the Commission. The Commission shall have reasonable access to all books, bank accounts and records of the reinsurance intermediary in a form usable to the Commission. REGISTER OF REGULATIONS

B. In addition to examination pursuant to § 38.2-1809, a reinsurance intermediary manager may be examined, pursuant to Article 4 (§ 38.2-1317 et seq.) of Chapter 13 (§ 38.2-1300 et seq.) of this title, as if it were the reinsurer. 92 AUG 20 PM 4: 27

§ 38.2-1855. Penalties and liabilities; refusal or revocation of license.—A. If the Commission finds, after providing an opportunity to be heard that any person has violated any provisions of this article, the Commission may in addition to any other remedies authorized by this title, order the reinsurance intermediary to make restitution to the insurer, reinsurer, rehabilitator or liquidator or receiver of the insurer or reinsurer for the net losses incurred by the insurer or reinsurer attributable to such violation.

B. The Commission may refuse to issue a reinsurance intermediary's license and, in addition to or in lieu of a penalty under § 38.2-218 of this title, may suspend or revoke the license of any licensed reinsurance intermediary whenever it finds such applicant or licensed reinsurance intermediary:

1. Has violated any provisions of any law of this Commonwealth applicable to insurance or reinsurance;
2. Has misappropriated any funds held in a fiduciary capacity;
3. Has misrepresented the provisions of any insurance or reinsurance contract;
4. Has engaged in fraudulent or dishonest practices;
5. Is not trustworthy or is not competent to transact business for which a license is applied for or held; or
6. Has been convicted of a felony.

C. If the Commission is of the opinion that any applicant for licensing pursuant to this article is not of good character or does not have a good reputation for honesty, it may refuse to issue the license, subject to the right of the applicant to demand a hearing on the application. The Commission shall not revoke or suspend an existing license until the licensee is given an opportunity to be heard before the Commission. If the Commission refuses to issue a new license or proposes to revoke or suspend an existing license, it shall give the applicant or licensee at least ten days' notice in writing of the time and place of the hearing, if a hearing is requested. The notice shall contain a statement of the objections to the issuance of the license, or the reason for its proposed revocation or suspension as the case may be. The notice may be given to the applicant or licensee by registered or certified mail, sent to the last known address of record pursuant to § 38.2-1857, or the last known business address if the address of record is incorrect, or in any other lawful manner the Commission prescribes. The Commission may summon witnesses to testify with respect to the applicant or licensee, and the applicant or licensee may introduce evidence in his or its behalf. No applicant to whom a license is refused after a hearing, nor any licensee whose license is revoked, shall again apply for a license until after the time, not exceeding two years, the Commission prescribes in its order.

D. Nothing contained in this article is intended to or shall in any manner limit or restrict the rights of policyholders, claimants, creditors or other third parties or confer any rights to such persons.

§ 38.2-1856. Change of address, name.—Each licensed reinsurance intermediary shall report any change in business or residence address or name within thirty days to the Commission and to any contracted insurer.

§ 38.2-1857. Effective date.—This article shall take effect on July 1, 1992. No insurer or reinsurer may continue to utilize the services of a reinsurance intermediary on and after October 1, 1992, unless utilization is in compliance with this article.

Article 6.

Licensing of Managing General Agents.

§ 38.2-1858. Definitions.—As used in this article:

"Actuary" means a person who is a member in good standing of the American Academy of Actuaries.

"Insurer" means any person, duly licensed in the Commonwealth pursuant to Chapters 10, 11, 12, 25, 26, and 38 through 46, and 51 of this title.

"Managing general agent" means any person who (1) manages all or part of the insurance business of an insurer, including the management of a separate division, department or underwriting office; and (2) acts as an agent for such insurer whether known as a managing general agent, manager or other similar term, who, with or without the authority, either separately or together with affiliates, produces, directly or indirectly, and underwrites an amount of gross direct written premium equal to or exceeding five

percent of the surplus to policyholders of the insurer as reported in the last annual statement of the insurer in any one quarter or year together with one or more of the following: (i) adjusts or pays claims in excess of an amount determined by the Commission or (ii) negotiates reinsurance on behalf of the insurer.

Notwithstanding the above, the following persons shall not be considered as managing general agents for the purposes of this article:

1. An employee of the insurer;
2. A U.S. manager of the United States branch of an alien insurer;
3. An underwriting manager which, pursuant to contract, manages all the insurance operations of the insurer, is under common control with the insurer, subject to Article 5 (§ 38.2-1322 et seq.) of Chapter 13 or Article 2 (§ 38.2-4230 et seq.) of Chapter 42 of this title, and whose compensation is not based on the volume of premiums written;
4. The attorney-in-fact authorized by and acting for the subscribers of a reciprocal insurer.

"Qualified United States financial institutions" means an institution that:

1. Is organized or, in the case of a United States office of a foreign banking organization, licensed, under the laws of the United States or any state thereof;
2. Is regulated, supervised and examined by United States federal or state authorities having regulatory authority over banks and trust companies; and
3. Has been determined by either the Commission, or the Securities Valuation Office of the National Association of Insurance Commissioners, to meet such standards of financial condition and standing as are considered necessary and appropriate to regulate the quality of financial institutions whose letters of credit will be acceptable to the Commission.

"Underwrite" means the authority to accept or reject risk on behalf of the insurer.

§ 38.2-1859. Licensure.—A. No domestic insurer shall permit a person to act, and no person shall act, in the capacity of a managing general agent for an insurer domiciled in this Commonwealth unless such person is licensed in this Commonwealth to act as a managing general agent.

B. No foreign or alien insurer shall permit a person to act, and no person shall act, in the capacity of a managing general agent representing such an insurer unless such person is licensed (i) in this Commonwealth to act as a managing general agent or (ii) in another state under laws which are substantially similar to the provisions of this article.

C. The Commission may license as a managing general agent any person who has complied with the requirements of this article and any regulations concerning licensure which may be promulgated by the Commission. The Commission may refuse to issue a license, subject to the right of the applicant to demand a hearing on the application, if the Commission believes the applicant, any person named on the application, or any member, principal, officer or director of the applicant is not trustworthy to act as a managing general agent, or that any of the foregoing has given cause for revocation or suspension of such license, or has failed to comply with any prerequisite for issuance of such license.

D. Any person seeking a license pursuant to subsection A or B (i) of this section shall apply for such license in a form acceptable to the Commission, and shall pay to the Commission a nonrefundable application fee in an amount prescribed by the Commission. Such fee shall be not less than \$500 and not more than \$1,000. Every licensed managing general agent shall pay to the Commission a nonrefundable biennial renewal fee in an amount prescribed by the Commission. Such fee shall be not less than \$500 and not more than \$1,000. Each license shall expire on June 30 of the appropriate year. Prior to April 1 of the renewal year, each licensed managing general agent shall submit to the Commission a renewal application form and fee in the manner and form prescribed by the Commission.

E. The Commission may require that the managing general agent be bonded in a manner acceptable to the Commission for the protection of the insurer.

F. The Commission may require a managing general agent to maintain an errors and omissions policy.

§ 38.2-1860. Required contract provisions.—No insurer shall retain or act through a managing general agent unless there is in force a written contract between said insurer and its managing general agent which sets forth the responsibilities of each party and where both parties share responsibility for a particular function, specifies the division of such responsibilities, and which contains the following minimum provisions:

1. The insurer may terminate the contract for cause upon written notice to the managing general agent. The insurer may suspend the underwriting authority of the managing general agent during the pendency of any dispute regarding the cause for

termination.

2. The managing general agent will render accounts to the insurer detailing all transactions and remit all funds due under the contract to the insurer on not less than a monthly basis.

3. All funds collected for the account of an insurer will be held by the managing general agent in a fiduciary capacity in a bank which is a qualified U.S. financial institution. This account shall be used for all payments on behalf of the insurer. The managing general agent may retain no more than three months' estimated claims payments and allocated loss adjustment expenses. The managing general agent shall maintain a separate bank account for each insurer it represents.

4. Separate records of business written by the managing general agent will be maintained. The insurer shall have reasonable access to and the right to copy all accounts and records related to its business in a form usable by the insurer, and the Commission shall have access to all books, bank accounts and records of the managing general agent in a form usable by the Commission. Such records shall be retained in order to accomplish the purpose of subdivision 9 of this section but in no case for a period of less than five years.

5. The contract may not be assigned in whole or part by the managing general agent.

6. Appropriate underwriting guidelines including:

- a. The maximum annual premium volume;
- b. The basis of the rates to be charged;
- c. The types of risks which may be written;
- d. Maximum limits of liability;
- e. Applicable exclusions;
- f. Territorial limitations;
- g. Policy cancellation provisions; and
- h. The maximum policy period.

The insurer shall have the right to cancel or nonrenew any policy of insurance subject to the applicable laws and regulations.

7. If the contract permits the managing general agent to settle claims on behalf of the insurer:

a. All claims must be reported to the insurer in a timely manner.

b. A copy of the claim file will be sent to the insurer at its request or as soon as it becomes known that the claim:

1. Has the potential to exceed one percent of the insurer's surplus to policyholders as of December 31 of the last completed calendar year, an amount set by the company, or any other amount deemed appropriate by the Commission, whichever is less;

2. Involves a coverage dispute;

3. May exceed the managing general agent's claims settlement authority;

4. Is open for more than six months; or

5. Is closed by payment of an amount exceeding one percent of the insurer's surplus to policyholders as of December 31 of the last completed calendar year, an amount set by the company, or any other amount deemed appropriate by the Commission, whichever is less.

c. All claim files will be the joint property of the insurer and the managing general agent. However, upon entry of an order of liquidation or the appointment of a receiver for the liquidation of an insurer, such files shall become the sole property of the insurer or its estate; the managing general agent shall have reasonable access to and the right to copy the files on a timely basis.

d. Any settlement authority granted to the managing general agent may be terminated for cause upon the insurer's written notice to the managing general agent or upon the termination of the contract. The insurer may suspend the settlement authority during the pendency of any dispute regarding the cause for termination.

8. Where electronic claims files are in existence, the contract must address the timely transmission of the data.

9. If the contract provides for a sharing of interim profits by the managing general agent, and the managing general agent has the authority to determine the amount of the interim profits by establishing loss reserves or controlling claim payments, or in any other manner, interim profits will not be paid to the managing general agent until the profits have been verified pursuant to subsection B of § 38.2-1861 of this article (i) one year after they are earned for property insurance business and health insurance business and (ii) five years after they are earned on casualty insurance business.

10. The managing general agent shall not:

a. Bind reinsurance contracts or similar risk sharing arrangements, except that a managing general agent which acts on behalf of a ceding insurer may bind facultative reinsurance contracts by placing individual risks pursuant to obligatory facultative agreements provided that the contract between the insurer and the managing general agent contains reinsurance underwriting guidelines including, for both reinsurance assumed and ceded, a list of reinsurers with which such automatic agreements are in effect, the coverages and amounts or percentages that may be reinsured and commission schedules;

b. Commit the insurer to participate in insurance or reinsurance syndicates;

c. Appoint any agent unless (i) the agent is lawfully licensed to transact the type of insurance for which he is appointed and (ii) the insurer has notified the Commission, in writing, of the managing general agent's authorization to appoint agents on its behalf;

d. Without prior approval of the insurer, pay or commit the insurer to pay a claim over a specified amount, net of reinsurance, which amount shall not exceed one percent of the insurer's surplus to policyholders as of December 31 of the last completed calendar year;

e. Collect any payment from a reinsurer or commit the insurer to any claim settlement with a reinsurer, without prior approval of the insurer. If prior approval is given, a report must be promptly forwarded to the insurer;

f. Permit any agent appointed by the managing general agent to serve on the insurer's board of directors;

g. Jointly employ an individual who is employed with the insurer; or

h. Utilize or engage a submanaging general agent.

§ 38.2-1861. Duties of insurers utilizing managing general agents.—A. The insurer shall annually obtain a copy of the current financial statement, which shall be certified by an independent public accountant and in a form acceptable to the Commission, of each managing general agent with which it transacts business.

B. If the managing general agent establishes loss reserves, the insurer shall annually obtain the opinion of an actuary attesting to the adequacy of loss reserves established for losses incurred and outstanding on business produced by the managing general agent. This is in addition to any other required loss reserve certification.

C. The insurer shall conduct, at least semiannually, an on-site review of the underwriting and claims processing operations of the managing general agent.

D. Binding authority for participation in insurance syndicates or reinsurance syndicates shall rest with an officer of the insurer, who shall not be affiliated with the managing general agent.

E. Within thirty days of entering into or termination of a contract with a managing general agent, the insurer shall provide, in a form acceptable to the Commission, written notification of such appointment or termination to the Commission. The notice of appointment of a managing general agent shall include a statement of duties which the applicant is expected to perform on behalf of the insurer, the lines of insurance for which the applicant is to be authorized to act, and any other information the Commission may request.

F. An insurer shall review its books and records each quarter to determine if any agent as defined by § 38.2-1800 has become a managing general agent as defined in § 38.2-1858. If the insurer determines that an agent has become a managing general agent pursuant to the above, the insurer shall promptly notify the agent and the Commission of such determination, and the insurer and agent must fully comply with the provisions of this article within thirty days.

G. An insurer shall not appoint to its board of directors an officer, director, employee, agent or controlling shareholder of its managing general agent. This subsection shall not apply to relationships governed by Article 5 (§ 38.2-1322 et seq.) of Chapter 13 or Article 2 (§ 38.2-4230 et seq.) of Chapter 42 of this title.

H. The insurer shall not delegate to any person, other than one of its officers, the authority to enter into or bind any reinsurance agreement by which the insurer agrees to cede any risk to a reinsurer, except that an insurer may delegate the specific authority to bind facultative reinsurance contracts by placing individual risks pursuant to the provisions of subdivision 1 of § 38.2-1852 or subdivision 10 of § 38.2-1860.

1. The officer shall be a regular salaried employee of the insurer and shall not be affiliated with the managing general agent.

2. The insurer is not prohibited by the provisions of this subsection from delegating to its managing general agent the authority to enter into or bind an agreement to assume a risk provided the managing general agent is licensed to act as a reinsurance intermediary manager under the provisions of Article 5 (§ 38.2-1846 et seq.) of this chapter and the

State Corporation Commission

authority to both cede and assume a given risk is not simultaneously vested in the same intermediary.

§ 38.2-1862. Examination authority.—The acts of a managing general agent are considered to be the acts of the insurer on whose behalf it is acting. In addition to examination pursuant to § 38.2-1809, a managing general agent may be examined pursuant to Article 4 (§ 38.2-1317 et seq.) of Chapter 13 of this title as if it were the insurer.

§ 38.2-1863. Penalties and liabilities; refusal or revocation of license.—A. If the Commission finds, after providing an opportunity to be heard, that any person under its jurisdiction has violated any provision of this article, the Commission may, in addition to any other remedies authorized by this title, order the managing general agent to reimburse the insurer, the rehabilitator or liquidator, or the receiver of the insurer for any losses incurred by the insurer caused by a violation of this article committed by the managing general agent.

B. The Commission may refuse to issue a managing general agent's license and, in addition to or in lieu of a penalty under § 38.2-218, may suspend or revoke the license of any licensee under its jurisdiction whenever it finds such applicant or licensee:

1. Has violated any provisions of any law of this Commonwealth applicable to insurance;

2. Has misappropriated any funds held in a fiduciary capacity;

3. Has misrepresented the provisions of any insurance contract;

4. Has been guilty of twisting the contracts of other insurers where "twisting" means misrepresenting a policy for the purpose of inducing a policyholder to terminate an existing policy to take a new policy;

5. Has been guilty of rebating. For the purposes of this section, "rebating" shall include reducing the fee or compensation provided for in § 38.2-1837 for the purpose of inducing a client or potential client to purchase a policy;

6. Has engaged in fraudulent or dishonest practices;

7. Is not trustworthy or is not competent to transact the insurance business for which a license is applied for or held; or

8. Has been convicted of a felony.

C. If the Commission is of the opinion that any applicant for a managing general agent's license is not of good character or does not have a good reputation for honesty, it may refuse to issue the license, subject to the right of the applicant to demand a hearing on the application. The Commission shall not revoke or suspend an existing license until the licensee is given an opportunity to be heard before the Commission. If the Commission refuses to issue a new license or proposes to revoke or suspend an existing license, it shall give the applicant or licensee at least ten days' notice in writing of the time and place of the hearing, if a hearing is requested. The notice shall contain a statement of the objections to the issuance of the license, or the reason for its proposed revocation or suspension as the case may be. The notice may be given to the applicant or licensee by registered or certified mail, sent to the last known address of record pursuant to § 38.2-1864, or the last known business address if the address of record is incorrect, or in any other lawful manner the Commission prescribes. The Commission may summon witnesses to testify with respect to the applicant or licensee, and the applicant or licensee may introduce evidence in his or its behalf. No applicant to whom a license is refused after a hearing, nor any licensee whose license is revoked, shall again apply for a license until after the time, not exceeding two years, the Commission prescribes in its order.

D. Nothing contained in this article is intended to or shall in any manner limit or restrict the rights of policyholders, claimants and auditors.

§ 38.2-1864. Change of address, name.—Each licensed managing general agent shall report within thirty days to the Commission and to any contracted insurer any change in business or residence address or name.

§ 38.2-1865. Effective date.—This article shall take effect on July 1, 1992. No insurer may continue to utilize the services of a managing general agent on and after October 1, 1992, unless such utilization is in compliance with this article.

§ 38.2-3127.1. Actuarial opinion of reserves.—A. Effective December 31, 1992, every life insurer doing business in this Commonwealth shall annually submit an actuarial opinion that complies with the provisions of this section. Such an opinion shall be rendered by a qualified actuary and shall state whether the reserves and related actuarial items held in support of designated policies and contracts, are computed appropriately, are based on assumptions which satisfy contractual provisions, are consistent with prior reported amounts and comply with applicable laws of this Commonwealth. The Commission shall

August 14, 1992

ADMINISTRATIVE LETTER 1992-16

TO: All Domestic Insurers Subject to the Investment Provisions of Chapter 14 in Title 38.2 of the Code of Virginia

RE: Analysis of Excess Capital and Surplus Investments

Chapter 14 of Title 38.2 of the Code of Virginia contains provisions regulating the manner in which insurers invest their admitted assets. Many of these provisions were amended during the 1992 session of the Virginia General Assembly. The amendments became effective July 1, 1992.

In an attempt to assist insurers in complying with the amended investment provisions of the Code, the Bureau of Insurance has revised its Form SCCBOI-4, the Analysis of Excess Capital and Surplus Investments report (the investments report). A copy of the revised form is attached.

All domestic insurers shall be required to file the revised investments report annually commencing with the annual statement filing due March 1, 1993 for period ended 12/31/92.

Additionally, in the absence of specific requests or direction by the Commission, any insurer filing quarterly statements also shall prepare and file an investments report at the end of each quarter. For those insurers already filing quarterly statements with the Commission, the initial filing of the investments report shall be due November 15, 1992 for the period ended 9/30/92.

Questions concerning this Administrative Letter or the attached form may be directed to:

Edward J. Buyalos, Jr., Financial Analysis Supervisor
OR
Christopher A. Brockwell, Senior Financial Analyst
Financial Regulation Division, Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23209
(804) 786-3637

/s/ Steven T. Foster
Commissioner of Insurance

State Corporation Commission

scobol-4(8/6/92)
Page 1

NAIC No. _____

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION, BUREAU OF INSURANCE
ANALYSIS OF EXCESS CAPITAL AND SURPLUS INVESTMENTS
(Investments Report, Category 2 Investments)

SECRETARY OF REGULATIONS
APR 14 2 28 PM '93

of _____
(Name of Insurance Company)
as of _____ (NAIC no.)
(end of current reporting period)

PART I

Schedule of Assets not conforming to Category 1 Investments for reasons other than failure to meet limitations in Parts II or IV. Companies having substantial Category 2 investments should show totals under each caption on this page and itemize in attachments. Other insurers may itemize under each caption if reportable assets are minimal.

(1) Description, including Company's Investment Number	(2) Book Value	(3) Due and Accrued Items	(4) Market Over Book Value	(5) Total Coll. (3), (4) and (5)	(6) Amounts Not Admitted	(7) Net Asset Value	(8) Caption Totals
(A) Real Estate:	\$	\$	\$	\$	\$	\$	XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
Total Real Estate	\$	\$	\$	\$	\$	\$	\$
(B) Mortgage Loans:	\$	\$	\$	\$	\$	\$	XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
Total Mortgage Loans	\$	\$	\$	\$	\$	\$	\$
(C) Collateral Loans:	\$	\$	\$	\$	\$	\$	XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
Total Collateral Loans	\$	\$	\$	\$	\$	\$	\$
(D) Bonds:	\$	\$	\$	\$	\$	\$	XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
Total Bonds	\$	\$	\$	\$	\$	\$	\$
(E) Stocks:	\$	\$	\$	\$	\$	\$	XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
Total Stocks	\$	\$	\$	\$	\$	\$	\$
(F) Other Investments:	\$	\$	\$	\$	\$	\$	XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
Total Other Investments	\$	\$	\$	\$	\$	\$	\$
Total Net Asset Value							

State Corporation Commission

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NAIC No. _____

PART II

Schedule of Investments authorized under Article 2 of Chapter 14 in excess of prescribed limits for Category 1 investments.

A. Admitted Assets and Surplus to Policyholder calculations. Use Admitted Asset and Surplus to Policyholder values reported in the most current quarterly or annual financial statement.

Total Admitted Assets per current financial statement: \$ _____

Percentage amounts used in subparts B and C:	0.5%	\$ _____
	1%	\$ _____
	2%	\$ _____
	3%	\$ _____
	4%	\$ _____
	5%	\$ _____
	10%	\$ _____
	15%	\$ _____
	20%	\$ _____
	25%	\$ _____
	30%	\$ _____
	40%	\$ _____
	60%	\$ _____
	90%	\$ _____

Total Surplus to Policyholders per current financial statement: \$ _____

Percentage amounts used in subparts B and C:	20%	\$ _____
	50%	\$ _____

B. Investment limitations for any one obligor, issuer, loan, issue, pool, security or credit risk. Include collateral supporting loans under §38.2-1430 and insurer's share of joint ventures. Do not include in the calculation of subpart B any assets listed in Part I. For each item in which excess is reported attach a schedule itemizing the investments responsible for such excess.

1. Total investments exceeding the lesser of 5% of admitted assets or 20% of surplus to policyholders with any one obligor or issuer. Do not include investments reportable under items 16 or 17 of this subpart B. (§38.2-1413.A) \$ _____
2. Total investments exceeding 1% of admitted assets in individual issues of certain stocks (§38.2-1413.B) \$ _____
3. Total investments exceeding 0.5% of admitted assets in certain individual construction loans (§38.2-1413.C) \$ _____
4. Total investments exceeding 1% of admitted assets in individual wrap-around mortgages (§38.2-1413.D) \$ _____
5. Total investments exceeding 5% of admitted assets in obligations of a single international agency (§38.2-1414.A.2) \$ _____
6. Total investments exceeding 5% of admitted assets in obligations issued or guaranteed by any one state (§38.2-1415.C.3) \$ _____
7. Total investments exceeding 2% of admitted assets in obligations issued or guaranteed by any one political subdivision (§38.2-1415.D.4) \$ _____
8. Total investments exceeding 2% of admitted assets in anticipation obligations of any one political subdivision (§38.2-1415.E.4) \$ _____
9. Total investments exceeding 2% of admitted assets in state or municipal revenue obligations issued in connection with any one facility (§38.2-1415.F.4) \$ _____
10. Total investments exceeding 2% of admitted assets in state or municipal revenue obligations payable from revenue or earnings sources which are the contractual responsibility of any one single credit risk (§38.2-1415.F.5) \$ _____
11. Total investments exceeding 2% of admitted assets in other revenue obligations of state and local governments issued in connection with any one facility (§38.2-1415.G.2) \$ _____

State Corporation Commission

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NAIC NO. _____

12. Total investments exceeding 2% of admitted assets in other revenue obligations payable from sources which are the contractual responsibility of any one single credit risk (§38.2-1415.6.4) \$ _____
13. Total investments exceeding 2% of admitted assets in obligations of any one single Canadian province (§38.2-1416.C.3) \$ _____
14. Total investments exceeding 2% of admitted assets in obligations of any one Canadian local government (§38.2-1416.D.4) \$ _____
15. Total investments exceeding 2% of admitted assets in lease obligations of any one entity and/or obligations secured by certain leases to any one business entity (§38.2-1422.B) \$ _____
16. Does insurer own more than 10% of the common stock of any one bank? (§38.2-1425.B)
 Yes _____ No _____
 If YES, aggregate value of such holdings: \$ _____
17. Does insurer own more than 10% of the common stock of any one corporation or issuer? (§38.2-1427.C)
 Yes _____ No _____
 If YES, aggregate value of such holdings: \$ _____
18. Total investments exceeding 2% of admitted assets in mortgages covering any one secured location (§38.2-1437.F) \$ _____
19. Total investments exceeding 4% of admitted assets in mortgages with any one obligor (§38.2-1437.F) \$ _____
20. Total investments exceeding 2% of admitted assets in a single pool of mortgage pass-through securities (§38.2-1437.1.3) \$ _____
21. Total investments exceeding 4% of admitted assets in a single property or group of contiguous properties (§38.2-1441.B.4) \$ _____

C. General investment limitations. Include collateral supporting loans under §38.2-1430 and insurer's share of joint ventures. Do not include in the calculation of subpart C any assets listed in Part I or any excess accounted for in subpart B of this Part II.

1. Investments in Canadian government and corporate obligations under §38.2-1416 and §38.2-1417 exceeding 10% of admitted assets (§38.2-1414.A.1) \$ _____
2. Investments in obligations of certain international agencies under §38.2-1418 exceeding 10% of admitted assets (§38.2-1414.A.2) \$ _____
3. Investments in railroad related securities under §38.2-1419 exceeding 10% of admitted assets (§38.2-1414.A.3) \$ _____
4. Investments in transportation equipment trust certificates under §38.2-1420 exceeding 10% of admitted assets (§38.2-1414.A.4) \$ _____
5. Investments in business entity obligations and certain leases under §38.2-1421 and §38.2-1422 exceeding 90% of admitted assets for a life insurer and 40% for all other insurers (§38.2-1414.A.5) \$ _____
6. Investments in business entity obligations, typed as medium grade under §38.2-1421.B at date of investment, exceeding 10% of admitted assets (§38.2-1414.A.6) \$ _____
7. Investments in lease-secured obligations under §38.2-1422 exceeding 20% of admitted assets (§38.2-1414.A.7) \$ _____
8. Investments in preferred stocks under §38.2-1423 exceeding 10% of admitted assets (§38.2-1414.A.8) \$ _____
9. Investments in guaranteed stocks under §38.2-1424 exceeding 5% of admitted assets (§38.2-1414.A.9) \$ _____
10. Investments in bank stocks under §38.2-1425 exceeding 5% of admitted assets (§38.2-1414.A.10) \$ _____

State Corporation Commission

SCC Form 418/6/92
Page 1

NAIC No. _____

COMMONWEALTH OF VIRGINIA SECRETARY OF REVENUES
STATE CORPORATION COMMISSION, BUREAU OF INSURANCE
ANALYSIS OF EXCESS CAPITAL AND SURPLUS INVESTMENTS PIL 4: 28
(Investments Report, Category 2 Investments)

of _____
(name of insurance company) (NAIC no.)
as of _____
(end of current reporting period)

PART I

Schedule of Assets not conforming to Category 1 Investments for reasons other than failure to meet limitations in Parts II or IV. Companies having substantial Category 2 Investments should show totals under each caption on this page and itemize in attachments. Other insurers may itemize under each caption if reportable assets are minimal.

(1) Description, including Company's Investment Number	(2) Book Value	(3) Due and Accrued Items	(4) Market Over Book Value	(5) Total Coll. (2), (3) and (4)	(6) Amounts Not Admitted	(7) Net Asset Value	(8) Capital Totals
(A) Real Estate:	\$	\$	\$	\$	\$	\$	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX
Total Real Estate	\$	\$	\$	\$	\$	\$	\$
(D) Mortgage Loans:	\$	\$	\$	\$	\$	\$	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX
Total Mortgage Loans	\$	\$	\$	\$	\$	\$	\$
(C) Collateral Loans:	\$	\$	\$	\$	\$	\$	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX
Total Collateral Loans	\$	\$	\$	\$	\$	\$	\$
(D) Bonds:	\$	\$	\$	\$	\$	\$	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX
Total Bonds	\$	\$	\$	\$	\$	\$	\$
(E) Stocks:	\$	\$	\$	\$	\$	\$	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX
Total Stocks	\$	\$	\$	\$	\$	\$	\$
(F) Other Investments:	\$	\$	\$	\$	\$	\$	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX
Total Other Investments	\$	\$	\$	\$	\$	\$	\$
Total Net Asset Values							\$

State Corporation Commission

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NAIC No. _____

PART III - SUMMARY

1.	Capital and surplus	\$ _____	
2.	Minimum capital and surplus (§38.2-1401)	\$ _____	
3.	Balance available for Category 2 investments ((Line 1 - Line 2) X 50%)		\$ _____
4.	Total Part I	\$ _____	
5.	Total Part II	\$ _____	
6.	Total Parts I and II		\$ _____
7.	Excess of item 3 over item 6. (If negative show in parenthesis)		\$ _____ =====

PART IV

Schedule of prohibited investments and related investment considerations. With regard to subparts A and B, positive responses indicate that future acquisitions of any medium or lower grade obligations may be prohibited. Further, acquisitions occurring on or after July 1, 1992 in contravention of limits described in subparts A and B may have resulted in the acquisition of prohibited investments.

A. Category limits affecting acquisitions of medium and lower grade obligations.

1.	Investments in medium and lower grade obligations in excess of 20% of admitted assets (§38.2-1411.2.A)	\$ _____
2.	Investments in lower grade obligations in excess of 10% of admitted assets (§38.2-1411.2.A.1)	\$ _____
3.	Investments in lower grade obligations rated 5 or 6 in excess of 3% of admitted assets (§38.2-1411.2.A.2)	\$ _____
4.	Investments in lower grade obligations rated 6 in excess of 1% of admitted assets (§38.2-1411.2.A.3)	\$ _____

If any positive amounts are reported on lines 1-4, attach a listing of the transactions (purchases, sales, exchanges or payments in kind, etc.) that impacted the limitation in question during the reporting period.

B. Issuer, guarantor, insurer limits for identifying prohibited acquisitions.

1.	Are more than 1% of insurer's admitted assets invested in medium grade obligations issued, guaranteed or insured by any one institution or business entity? (§38.2-1411.2.B)	Yes _____ No _____
2.	Are more than one-half of 1% of insurer's admitted assets invested in lower grade obligations, or in a combination of medium and lower grade obligations, issued, guaranteed or insured by any one business entity? (§38.2-1411.2.B)	Yes _____ No _____
3.	Has the insurer acquired any obligations of a business entity under the conditions described in subsection D of §38.2-1411.2 in excess of 1/2 of 1% of admitted assets?	Yes _____ No _____

For any of the above questions answered affirmatively attach a listing of the obligations that caused such response. Include a description of each investment, the date of investment, valuation method, and values currently and at date of investment.

State Corporation Commission

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NAIC No. _____

C. Interrogatories.

1. Are any of insurer's funds invested in securities or other investments prohibited by §38.2-1407? Yes _____ No _____

If YES, explain in detail.

2. Section 38.2-1406 requires the sale or other disposal of certain investments. Are any such investments now held by the company? Yes _____ No _____

If YES, has an extension of time for such disposal been requested of and granted by the Commission? No _____ Yes _____

3. Are more than 2% of the insurer's admitted assets invested in medium grade and/or lower grade obligations of any one business entity? Yes _____ No _____

If YES, attach a copy of the investments plan required by § 38.2-1411.2.G.

AFFIDAVIT

(signature of senior officer) (title)

State of _____

County (or City) of _____ To-Wit:

This day _____ of _____ has
(name of officer) (name of insurance company)
personally appeared before me in the County (or City) aforesaid, and made oath that the foregoing report is correct.
Given under my hand and notarial seal this _____ day of _____, 19__.

[SEAL]

notary public

My commission expires _____.

SCCBOI-4

State Corporation Commission

August 14, 1992

ADMINISTRATIVE LETTER 1992-17

TO: All Domestic Insurers Subject to the Provisions of Article 4, Chapter 14 in Title 38.2 of the Code of Virginia

RE: Asset Protection Act, Virginia Code §§ 38.2-1446 & 38.2-1447

Christopher A. Brockwell, Senior Financial Analyst
Financial Regulation Division, Bureau of Insurance
The State Corporation Commission
P. O. Box 1157
Richmond, VA 23209
(804) 786-3637

/s/ Steven T. Foster
Commissioner of Insurance

The 1992 General Assembly added a new article to Chapter 14 of Title 38.2 of the Virginia Code. The new article contains Virginia's "Asset Protection Act" (the Act). Its provisions became effective July 1, 1992. They require annual submissions by insurers as well as special reports and prior approval applications. Forms for making each of the required filings are attached to this administrative letter as Exhibits A, B and C.

Exhibit A is the Section 38.2-1446 Report form. It is to be filed annually, or more often if required by the Commission, to verify compliance with the statute. The report includes the sworn statements required by the statute and an exhibit form on which insurers are to list and describe admitted assets which have been pledged, hypothecated or encumbered. A sample listing is attached for illustrative purposes; however, it is not all inclusive.

The Bureau has determined that the first Section 38.2-1446 Reports shall be due November 15, 1992. This initial report shall be based on financial data as of September 30, 1992. Thereafter, in the absence of specific request or direction by the Commission, Section 38.2-1446 Report forms shall be prepared by each domestic insurer as of the end of each calendar year and filed on or before March 1 in conjunction with insurer's annual statement filing.

In addition to requiring annual filings, subsection B of § 38.2-1446 provides that any insurer which pledges, hypothecates or encumbers any of its assets shall within ten days thereafter report in writing to the Commission the amount and identity of the assets so pledged, hypothecated or encumbered. Exhibit B is the Section 38.2-1446 Ten Day Report form that is to be used for reporting such transactions.

The attached Exhibit C pertains to subsection A of Section 38.2-1446. The form is to be used when seeking prior approval for an anticipated act of pledge, hypothecation or encumbrance. It is due any time an insurer suspects that, as a result of an anticipated transaction, the thresholds set forth in the Act for assets pledged, hypothecated or encumbered may be exceeded.

Questions concerning this Administrative Letter and all filings made pursuant to this Administrative Letter shall be directed to:

Edward J. Buyalos, Jr., Financial Analysis Supervisor
OR

State Corporation Commission

SECTION 38.2-1446 REPORT
ASSETS PLEDGED, HYPOTHECATED OR ENCUMBERED*

EXHIBIT A

PART A: Filing Instructions

1. A Section 38.2-1446 Report shall accompany each annual statement of financial condition filed by any domestic insurer pursuant to § 38.2-1300 of the Code of Virginia. ~~Section 38.2-1446 Report shall also be filed by any insurer requesting approval for a Section 38.2-1446 transaction.~~ Although domestic insurers must report all pledges to the Commission within ten days after the insurer pledges, hypothecates or otherwise encumbers any of its assets, this particular report form is not required unless specifically requested by the Commission. This report is being filed with (check one):
 an Annual Statement. a Prior Approval Application. a Ten Day Report. Other filing.

2. If this report is part of an annual or quarterly statement filing, all figures reported in Part B shall be as of the end of the most recent quarter and should agree with the information filed in the applicable quarterly or annual statement. If Admitted Assets, Reserve Liabilities, or Surplus to Policyholders are less than as reported in the insurer's most recently filed annual or quarterly statement, check here: _____ and attach a statement of explanation.

*Note: The terms "pledged," "hypothecated" and "encumbered" have different connotations but are used interchangeably in this report. "Pledged" assets include those given or held as security; "hypothecated" assets may be pledged without the transfer of title or possession; "encumbered" assets include those burdened by another's claim of title, interest or right. For purposes of this report, such assets do not include, for assuming insurers, assets pledged, hypothecated or encumbered in conformity with the provisions of § 38.2-1447. Further questions concerning this report may be addressed to the Financial Regulation Division of the SCC Bureau of Insurance.

PART B: Asset Tests

1a.	Admitted Assets as of ___/___/9___		
1b.	Hypothecated assets		
1c.	Unencumbered Admitted Assets (line 1a - line 1b)		\$ _____
2a.	Total Reserve Liabilities (See § 38.2-1401)		
2b.	Insurer's Minimum Capital & Surplus (See § 38.2-1401)		
2c.	Required Minimum Unencumbered Assets (Line 2a + line 2b)		
3.	Liability Test for Hypothecation (line 1c - line 2c)		\$ _____
4a.	Surplus to policyholders		
4b.	Line 1b: Hypothecated Assets		
4c.	Surplus Test for Hypothecation (line 4a - line 4b)		\$ _____
5a.	5X of Admitted Assets (0.05 x line 1a)		
5b.	Line 1b: Hypothecated Assets		
5c.	Assets Test for Hypothecation ((line 5a - line 5b)		\$ _____
6.	Is line 1b greater than -0- ?	Yes _____ No _____	
	If the answer is "Yes", complete the attached Section 38.2-1446 Exhibit.		
7.	Is the amount at lines 3, 4c or 5c less than -0- ?	Yes _____ No _____	
	If the answer is "Yes", attach copy of the Commission's letter of recognition and approval authorizing encumbrance in excess of the limits set by § 38.2-1446.		

PART C: Affidavit

State of _____)
 City/County of _____)

I, _____, Chief Executive Officer and _____ of _____, the insurer,

being duly sworn, for him/herself deposes and says he/she is the Chief Executive Officer of the said insurer, and that the foregoing report is correct and, further, as of the date of this filing,

- (i) title to assets in an amount equal to the reserve liability and minimum capital and surplus of the insurer which are not pledged, hypothecated or otherwise encumbered is vested in said insurer,
- (ii) the only assets of said insurer which are pledged, hypothecated or otherwise encumbered are as identified and reported in this report, no other assets of said insurer are pledged, hypothecated or otherwise encumbered, and
- (iii) the terms and limitations of any such transaction of pledge, hypothecation or encumbrance are as reported in the insurer's Section 38.2-1446 Exhibits, Prior Approval Applications and Ten-Day Reports on file with the Commission, according to the best of his/her knowledge and belief.

 signature of officer date

Subscribed and sworn before me this _____ day of 199___

 Notary Public

SCCB01-17(B/3/92)

State Corporation Commission

SECTION 38.2-1646 EXHIBIT
Assets Pledged, Hypothecated or Encumbered

Insurer: _____ NAIC No. _____ Report Date: ____/____/____

A	B	C	D
Date	Amount	Asset Identity	Brief Description of Terms & Conditions of Pledge, Hypothecation or Encumbrance

Amount of Capitalized Assets: _____

SECTION 38.2-1646 EXHIBIT
Assets Pledged, Hypothecated or Encumbered

Insurer: _____ NAIC No. _____ Report Date: ____/____/____

A	B	C	D
Date	Amount	Asset Identity	Brief Description of Terms & Conditions of Pledge, Hypothecation or Encumbrance
12/31/92	64,350	Securities in Trust	To fund letter of credit issued to the Careful Ceiling Ins. Co., NY, on behalf of the Subsidiary Ins. Co., assuming temporary under agreements effective 12/31/90 terminating 1/1/92.
12/31/90	3,800	Cash on deposit	Funds withheld from insurer by The #12 Coding Insurance Co., an insurer not licensed in Virginia. NOTE: Assuming insurers need not report assets pledged, hypothecated or encumbered in conformity with the provisions of § 38.2-1647.
01/25/94	250,800	Cash on deposit @ Security Nat'l Bank, Dallas, TX	To secure \$250,000 line of credit extended by Security National to the Insurers Subsidiary Co., under agreement expiring 12/25/94, with 90-day balance outstanding as of 12/31/92. NOTE: "Amount" reported is total amount on deposit, even if lesser or no funds have been drawn on the credit.
7/1/91	3,500,000	Securities specified in Guar Agmt	To guarantee loans from BankOne to Insurers Subsidiary Co. @ prime rate + 12251000. \$2,875,343, P+1 payable quarterly at Prime + 2, maturing 6/30/94.
12/31/91	6,100,350	Cash on deposit @ Bank of America, Atlanta GA	To guarantee loan to Insurers Subsidiary Co. under Agreement dated 7/1/91. Balance 3/31/92: \$6,000,000 including interest. Maturity date: 11/30/2001.
12/31/92	205,389,340	Misc securities (various values)	See 12/31/92 Annual Statement, Special Deposit Schedule.
12/31/92	1,507,000	Misc securities (MVA)	See 12/31/92 Annual Statement, Schedule of All Other Deposits.
01/25/93	3,160	Misc securities (MVA)	See 12/31/92 Annual Statement, Schedule of All Other Deposits.
01/25/93	8,124,100	US Treasury notes	Special deposits requiring by the state of Michigan pursuant to § 48.958 - P+1 \$49,000. Statement Value \$90,300.

SAMPLE

IF any asset should constitute a Special Deposit, such Special Deposit should be reported in the Notes to financial statements portion of the annual statement. Insurers should disclose in an addendum to this Section 38.2-1646 Exhibit any such Special Deposits not so reported in the insurer's most recent annual statement filed with the Commission which represent future commitments to pledge, hypothecate or encumber assets. Examples:

- Item 3 - of Schedule of Assets - Unspecified funds
- Item 3 - of Schedule of Assets - Unspecified funds

Outstanding commercial mortgage loan commitments, expiring 12/31/92.

Outstanding guarantees of future obligations incurred by The New York Insurance Co., a newly formed subsidiary, required as condition of Virginia licensing of the New York Insurance Co.

EXHIBIT B

REGISTRAR OF REGULATIONS
COMMONWEALTH OF VIRGINIA AUG 29 PM 14:29
SECTION 38.2-1446 TEN-DAY REPORT

This report is filed this ____ day of _____, 199__ with the State Corporation Commission Bureau of Insurance for the Commonwealth of Virginia, ATTN: Financial Regulation Division, pursuant to subsection B of Section 38.2-1446 of Title 38.2 of the Code of Virginia, to report within ten days of the transaction date, any transaction by a domestic insurer resulting in the pledge, hypothecation or encumbrance of any of its admitted assets by

name of insurance company _____ NAIC no. _____
Preparer's Name _____ Telephone No. (____) _____

ITEM 1. IDENTITY OF PARTIES TO TRANSACTION

Furnish the following information for each of the parties to the transaction:

- (a) Name.
- (b) Home office address.
- (c) Principal administrative address.
- (d) The organization structure, i.e. corporation, partnership, individual, trust, etc.
- (e) A description of the role of each party in the transaction; i.e., lender, debtor, guarantor etc.
- (f) Relationship, if any, between the insurer other parties, to the transaction, including any ownership, affiliated or debtor/creditor interest among any parties to the transaction and the insurer seeking approval.

ITEM 2. DESCRIPTION OF THE TRANSACTION

Furnish the following information for each transaction for which notice is being given.

- (a) The proposed effective date of the transaction.
- (b) The amount of the proposed pledge, hypothecation or encumbrance.
- (c) A statement of the nature of the transaction.

- (d) A statement as to the effect of the transaction upon the insurer's capital and surplus.

ITEM 3. IDENTIFICATION OF ASSETS TO BE PLEDGED, HYPOTHECATED OR ENCUMBERED.

Furnish a brief description of the amount and source of funds, securities, property or other assets pledged, hypothecated or encumbered. Identify whether the transaction involves a deposit, sale, purchase, exchange, loan, extension of credit, guarantee, and/or investment. Indicate whether the insurer retains actual possession of the assets and whether the terms of any agreement require that title or possession be vested in or shared with someone other than the insurer. Describe any other agreements relating to the transaction such as contracts or agreements for services, reinsurance agreements and the like. If the transaction involves other than cash, furnish a description of its fair market value, together with an explanation of the basis for valuation.

If the transaction involves a loan, extension of credit or a guarantee, furnish a description of the maximum amount which the insurer could become obligated to make available under such loan, extension of credit or guarantee, the date on which the credit or guarantee will terminate, and any provisions for the accrual of or deferral of interest.

If the transaction involves an investment, guarantee or other arrangement, state the time period during which the investment guarantee or other arrangement, will remain in effect, together with any provisions for extensions or renewals of such investments, guarantees or arrangements.

ITEM 4. AFFIDAVIT

Insurer should complete for its own records (but need not file with the Commission) a Section 38.2-1446 Report form. Insurers not including a Section 38.2-1446 Report with this filing shall complete the following affidavit after determining appropriate wording for numbered paragraphs (iv), (v) and (vi).

AFFIDAVIT

State of _____,
City/County of _____,

I, _____, Chief Executive Officer and
name
_____ of _____
additional title, if any name of insurance company

the insurer, being duly sworn, for him/herself deposes and says he/she is the Chief Executive Officer of the said insurer, and that as of the date of this filing,

ITEM. 5. SIGNATURE AND CERTIFICATIONS.

SIGNATURE

Pursuant to the requirements of Section 38.2-1446.A of Title 38 of the Code of Virginia, _____ insurer has caused this notice to be duly signed on its behalf in the City of _____ and State of _____ on the _____ day of _____, 19_____.

(SEAL) _____ name of insurer By _____ name title

Attest:

signature of officer

title

CERTIFICATION

The undersigned deposes and says that he/she has duly executed the attached notice dated _____, 19____, for and on behalf of _____ name of applicant; that he/she is the _____ title of officer of such company and that he/she is authorized to

execute and file such instrument. Deponent further says that he/she is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

signature

type or print name

(i) title to assets in an amount equal to the reserve liability and minimum capital and surplus of the insurer which are not pledged, hypothecated or otherwise encumbered is vested in said insurer;

(ii) the only assets of said insurer which are pledged, hypothecated or otherwise encumbered are as identified and reported herein and in the insurer's most recently filed Section 38.2-1446 Exhibit, and any in subsequently prepared Prior Approval Applications and Ten-Day Reports on file with the Commission, and no other assets of said insurer are pledged, hypothecated or otherwise encumbered;

(iii) the terms and limitations of all such transactions of pledge, hypothecation or encumbrance are as reported in the aforesaid documents, according to the best of his/her knowledge and belief;

(iv) the insurer maintains/does not maintain (strike whichever is not applicable) admitted assets in an amount equal to the sum total of its reserve liabilities and minimum capital and surplus;

(v) the total value of insurer's assets that are reportable under Virginia Code Section 38.2-1446 as pledged, hypothecated or encumbered assets exceeds/does not exceed (strike whichever's not applicable) the current amount of insurers surplus as to policyholders, however all transactions of hypothecation or encumbrance have been ratified or approved by the Commission;

(vi) the total value of insurer's assets that are reportable under Virginia Code Section 38.2-1446 as pledged, hypothecated or encumbered assets exceeds/does not exceed (strike whichever is not applicable) five percent of the insurer's current admitted assets; and

(vii) all excess reported herein, if any, represent transactions of hypothecation or encumbrance which have been approved or validated by the Commission.

signature of officer _____ date

Subscribed and sworn before me this _____ day of 199_____

notary public

EXHIBIT C

COMMONWEALTH OF VIRGINIA
SECTION 38.2-1446 PRIOR APPROVAL APPLICATION

92 AUG 20 PM 1:23

This application is filed this _____ day of _____, 199__ with the State Corporation Commission Bureau of Insurance for the Commonwealth of Virginia, ATTN: Financial Regulation Division pursuant to Section 38.2-1446 of the Title 38.2 of the Code of Virginia by:

_____ name of insurance company

_____ NAIC no.

Preparer's Name _____ Telephone No. (____) _____

ITEM 1. REASON FOR APPLICATION

a. This Section 38.2-1446 Prior Approval Application is being filed because (check one):

_____ Insurer believes admitted assets in an amount in excess of the prescribed amounts of its surplus to policyholders reserve liabilities and surplus, admitted assets and/or may become reportable, pursuant to Virginia Code §38.2-1446, as assets pledged, hypothecated or encumbered, as the result of the proposed transaction described in this application.

or

_____ Insurer believes the value of its admitted assets currently reportable, pursuant to Virginia Code §38.2-1446, as assets pledged, hypothecated or encumbered, and that such excess will be increased by the proposed transactions described herein.

b. If insurer has previously filed a Section 38.2-1446 Prior Approval Application, give date of most recently filed application: _____

ITEM 2. IDENTITY OF PARTIES TO TRANSACTION

Furnish the following information for each of the parties to the proposed transaction:

- (a) Name.
- (b) Home office address.
- (c) Principal administrative address.

- (d) The organization structure; i.e., corporation, partnership, individual, trust, etc.
- (e) A description of the nature of parties' business operations.
- (f) Relationship, if any, between the insurer and other parties to the transaction, including any ownership, affiliated or debtor/creditor interest among any parties to the transaction and the insurer seeking approval.

ITEM 3. DESCRIPTION OF THE TRANSACTION

Furnish the following information for each transaction for which notice is being given.

- (a) The proposed effective date of the transaction.
- (b) The amount of the proposed pledge, hypothecation or encumbrance.
- (c) A statement of the nature of the transaction.
- (d) A statement as to the effect of the transaction upon the insurer's capital and surplus.

ITEM 4. IDENTIFICATION OF ASSETS TO BE PLEDGED, HYPOTHECATED OR ENCUMBERED.

Furnish a brief description of the amount and source of funds, securities, property or other assets to be pledged, hypothecated or encumbered. Identify whether the transaction involves a deposit, sale, purchase, exchange, loan, extension of credit, guarantee, and/or investment. Indicate whether the assets will remain in the actual possession of the insurer following conservation or whether possession or title will be transferred to another party or shared with someone other than the applicant. Describe any other agreements relating to the transaction such as contracts or agreements for services, reinsurance agreements and the like. If the transaction involves other than cash, furnish a description of its fair market value, together with an explanation of the basis for valuation.

If the transaction involves a loan, extension of credit or a guarantee, furnish a description of the maximum amount which the insurer could become obligated to make available under such loan, extension of credit or guarantee, the date on which the credit or guarantee will terminate, and any provisions for the accrual or deferral of interest.

therein set forth are true to the best of his/her knowledge, information and belief.

signature

type of print name

If the transaction involves an investment, guarantee or other arrangement, state the time period during which the investment guarantee or other arrangement, will remain in effect, together with any provisions for extensions or renewals of such investments, guarantees or arrangements.

ITEM 5. SECTION 38.2-1446 REPORT.

Complete and attach a Section 38.2-1446 Report form.

ITEM 6. SIGNATURE AND CERTIFICATION.

SIGNATURE

Pursuant to the requirements of Section 38.2-1446.A of Title 38 of the Code of Virginia, Applicant has caused this notice to be duly signed on its behalf in the City of _____ and State of _____ on the _____ day of _____, 19_____.

(SEAL) _____
name of applicant

By _____
name title

Attest:

signature of officer

title

CERTIFICATION

The undersigned deposes and says that (s)he has duly executed the attached notice dated _____, 19_____, for and on behalf of _____; that (s)he is the

_____ of such company and that (s)he is authorized to

execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts

State Corporation Commission

STATE CORPORATION COMMISSION

BUREAU OF INSURANCE

August 31, 1992

P. O. Box 1157

Richmond, Virginia 23209

/s/ Steven T. Foster

Commissioner of Insurance

IMMEDIATE ATTENTION REQUIRED

Administrative Letter 1992-18

TO: All Insurers Licensed to Market Credit Life Insurance and Credit Accident and Sickness in Virginia

RE: New Chapter 37.1 of Title 38.2, Code of Virginia

The 1992 Virginia General Assembly amended Title 38.2 of the Code of Virginia by adding Chapter 37.1, which pertains to credit life insurance and credit accident and sickness insurance.

Section 38.2-3727.A. requires the State Corporation Commission (Commission) to publish, no later than September 1, 1992, seven (7), fourteen (14) and thirty (30) day retroactive and nonretroactive credit accident and sickness insurance rates which will reasonably be expected to produce a 50% loss ratio, as required by Section 38.2-3725.E.

Attached to this Administrative Letter are the credit accident and sickness insurance prima facie rates that the Commission is required to provide pursuant to Section 38.2-3725.E. These rates shall be effective in Virginia on and after January 1, 1993.

Section 38.2-3730.A. requires each insurer doing insurance business in this Commonwealth to file annually with the Commission and with the National Association of Insurance Commissioners a report of credit life insurance and credit accident and sickness insurance written on a calendar year basis. In completing the CREDIT LIFE AND CREDIT ACCIDENT AND HEALTH EXPERIENCE EXHIBIT for Direct Business in the Commonwealth of Virginia in 1993, and in all future years, the credit life and credit accident and sickness insurance premium rates used to complete the lines labeled "Earned premium at prima facie rates" should be based on the prima facie rates as set forth in this administrative letter and Section 38.2-3726. These rates should be utilized regardless of any future adjustment of the prima facie rates by the Commission until companies are instructed otherwise by the Commission.

Any questions pertaining to the information contained herein should be addressed to:

Robert F. Grissom
Senior Policy Examiner
Forms and Rates Section
Life and Health Division
Commonwealth of Virginia
State Corporation Commission

State Corporation Commission

Benefit Period (Months)	7 Day Coverages		14 Day Coverages		30 Day Coverages	
	Retro	Elim	Retro	Elim	Retro	Elim
81	5.35	5.01	4.99	4.47	3.78	3.19
82	5.37	5.03	5.01	4.49	3.79	3.21
83	5.39	5.05	5.03	4.51	3.81	3.22
84	5.41	5.07	5.04	4.53	3.83	3.24
85	5.42	5.09	5.06	4.55	3.84	3.26
86	5.44	5.11	5.08	4.57	3.86	3.27
87	5.46	5.12	5.10	4.59	3.87	3.29
88	5.48	5.14	5.11	4.61	3.89	3.30
89	5.49	5.16	5.13	4.63	3.90	3.32
90	5.51	5.18	5.15	4.64	3.92	3.34
91	5.53	5.20	5.17	4.66	3.93	3.35
92	5.55	5.21	5.18	4.68	3.95	3.37
93	5.56	5.23	5.20	4.70	3.96	3.38
94	5.58	5.25	5.22	4.72	3.98	3.40
95	5.60	5.27	5.24	4.74	3.99	3.42
96	5.62	5.29	5.25	4.75	4.01	3.43
97	5.63	5.30	5.27	4.77	4.02	3.45
98	5.65	5.32	5.29	4.79	4.03	3.46
99	5.66	5.34	5.30	4.81	4.05	3.48
100	5.68	5.35	5.32	4.82	4.06	3.49
101	5.70	5.37	5.33	4.84	4.08	3.51
102	5.71	5.39	5.35	4.86	4.09	3.52
103	5.73	5.41	5.37	4.87	4.10	3.54
104	5.75	5.42	5.38	4.89	4.12	3.55
105	5.76	5.44	5.40	4.91	4.13	3.57
106	5.78	5.46	5.42	4.93	4.15	3.58
107	5.79	5.47	5.43	4.94	4.16	3.60
108	5.81	5.49	5.45	4.96	4.18	3.61
109	5.83	5.51	5.46	4.98	4.19	3.62
110	5.84	5.52	5.48	4.99	4.20	3.64
111	5.86	5.54	5.49	5.01	4.21	3.65
112	5.87	5.55	5.51	5.02	4.23	3.67
113	5.89	5.57	5.52	5.04	4.24	3.68
114	5.90	5.58	5.54	5.05	4.25	3.69
115	5.92	5.60	5.55	5.07	4.27	3.71
116	5.93	5.61	5.57	5.09	4.28	3.72
117	5.95	5.63	5.58	5.10	4.29	3.74
118	5.96	5.65	5.60	5.12	4.31	3.75
119	5.98	5.66	5.61	5.13	4.32	3.76
120	5.99	5.68	5.63	5.15	4.33	3.78

State Corporation Commission

Benefit Period (Months)	7 Day Coverages		14 Day Coverages		30 Day Coverages	
	Retro	Elim	Retro	Elim	Retro	Elim
41	4.45	4.09	4.10	3.55	3.03	2.41
42	4.48	4.11	4.13	3.58	3.05	2.43
43	4.51	4.14	4.16	3.61	3.08	2.45
44	4.54	4.17	4.18	3.63	3.10	2.48
45	4.56	4.20	4.21	3.66	3.12	2.50
46	4.59	4.23	4.24	3.69	3.14	2.52
47	4.62	4.25	4.26	3.72	3.16	2.55
48	4.64	4.28	4.29	3.74	3.19	2.57
49	4.67	4.31	4.31	3.77	3.20	2.59
50	4.69	4.33	4.34	3.79	3.22	2.61
51	4.71	4.35	4.36	3.82	3.24	2.63
52	4.74	4.38	4.38	3.84	3.26	2.65
53	4.76	4.40	4.41	3.87	3.28	2.67
54	4.78	4.43	4.43	3.89	3.30	2.69
55	4.81	4.45	4.45	3.91	3.32	2.71
56	4.83	4.48	4.47	3.94	3.34	2.73
57	4.86	4.50	4.50	3.96	3.36	2.75
58	4.88	4.52	4.52	3.99	3.38	2.77
59	4.90	4.55	4.54	4.01	3.40	2.79
60	4.93	4.57	4.57	4.03	3.42	2.81
61	4.95	4.59	4.59	4.06	3.44	2.83
62	4.97	4.62	4.61	4.08	3.45	2.85
63	4.99	4.64	4.63	4.10	3.47	2.87
64	5.01	4.66	4.65	4.12	3.49	2.89
65	5.03	4.68	4.67	4.14	3.51	2.91
66	5.05	4.70	4.69	4.16	3.52	2.92
67	5.07	4.72	4.71	4.19	3.54	2.94
68	5.09	4.75	4.73	4.21	3.56	2.96
69	5.11	4.77	4.75	4.23	3.58	2.98
70	5.14	4.79	4.78	4.25	3.59	3.00
71	5.16	4.81	4.80	4.27	3.61	3.02
72	5.18	4.83	4.82	4.30	3.63	3.03
73	5.20	4.85	4.84	4.32	3.65	3.05
74	5.22	4.87	4.85	4.34	3.66	3.07
75	5.23	4.89	4.87	4.36	3.68	3.09
76	5.25	4.91	4.89	4.38	3.70	3.10
77	5.27	4.93	4.91	4.39	3.71	3.12
78	5.29	4.95	4.93	4.41	3.73	3.14
79	5.31	4.97	4.95	4.43	3.74	3.15
80	5.33	4.99	4.97	4.45	3.76	3.17

State Corporation Commission

Benefit Period (Months)	7 Day Coverages		14 Day Coverages		30 Day Coverages	
	Retro	Elim	Retro	Elim	Retro	Elim
1	1.80	1.37	1.67	1.04	1.26	0.57
2	2.17	1.74	1.97	1.34	1.44	0.75
3	2.43	2.00	2.19	1.56	1.58	0.89
4	2.62	2.20	2.36	1.74	1.69	1.01
5	2.77	2.36	2.49	1.88	1.78	1.11
6	2.90	2.49	2.61	2.00	1.86	1.19
7	3.00	2.59	2.70	2.10	1.93	1.26
8	3.08	2.68	2.78	2.18	1.99	1.32
9	3.16	2.76	2.85	2.25	2.04	1.38
10	3.22	2.82	2.91	2.32	2.09	1.43
11	3.27	2.88	2.97	2.38	2.13	1.48
12	3.32	2.93	3.02	2.43	2.17	1.52
13	3.37	2.98	3.06	2.48	2.21	1.56
14	3.42	3.03	3.11	2.53	2.25	1.60
15	3.47	3.08	3.16	2.58	2.28	1.63
16	3.52	3.13	3.20	2.62	2.32	1.67
17	3.57	3.18	3.25	2.67	2.35	1.71
18	3.62	3.23	3.30	2.72	2.39	1.74
19	3.67	3.28	3.34	2.77	2.43	1.78
20	3.72	3.33	3.39	2.82	2.46	1.82
21	3.77	3.38	3.44	2.86	2.50	1.86
22	3.82	3.43	3.49	2.91	2.54	1.89
23	3.87	3.48	3.53	2.96	2.57	1.93
24	3.92	3.54	3.58	3.01	2.61	1.97
25	3.95	3.57	3.61	3.04	2.63	1.99
26	3.98	3.60	3.64	3.08	2.66	2.02
27	4.02	3.64	3.68	3.11	2.69	2.05
28	4.05	3.67	3.71	3.14	2.71	2.08
29	4.08	3.71	3.74	3.18	2.74	2.10
30	4.12	3.74	3.77	3.21	2.76	2.13
31	4.15	3.78	3.81	3.24	2.79	2.16
32	4.18	3.81	3.84	3.28	2.82	2.18
33	4.22	3.84	3.87	3.31	2.84	2.21
34	4.25	3.88	3.90	3.34	2.87	2.24
35	4.28	3.91	3.94	3.38	2.90	2.27
36	4.32	3.95	3.97	3.41	2.92	2.29
37	4.35	3.98	4.00	3.44	2.94	2.32
38	4.37	4.00	4.02	3.47	2.97	2.34
39	4.40	4.03	4.05	3.49	2.99	2.36
40	4.43	4.06	4.08	3.52	3.01	2.38

MARINE RESOURCES COMMISSION

FINAL REGULATIONS

MARINE RESOURCES COMMISSION

NOTICE: The Marine Resources Commission is exempted from the Administrative Process Act (§ 9-6.14:4 of the Code of Virginia); however, it is required by § 9-6.14:22 B to publish all final regulations.

Title of Regulation: VR 450-01-0079. Pertaining to Commercial Fishing and Mandatory Harvest Reporting.

Statutory Authority: §§ 28.1-23.1, 28.1-23.2, 28.1-48.4, 28.1-48.7, 28.1-48.8, and 28.1-48.9 of the Code of Virginia.

Effective Date: September 15, 1992.

Preamble:

This regulation describes the procedure and manner for application for registration as a commercial fisherman, the manner and form of mandatory harvest reports by commercial fishermen and others and exceptions to the registration process and delay requirements as specified in § 28.1-48.4 of the Code of Virginia. A commercial hook-and-line license is also established.

VR 450-010-0079. Pertaining to Commercial Fishing and Mandatory Harvest Reporting.

§ 1. Authority, effective date.

A. This regulation is promulgated pursuant to the authority contained in §§ 28.1-23.1, 28.1-23.2, 28.1-48.4, 28.1-48.7, 28.1-48.8, and 28.1-48.9 of the Code of Virginia.

B. The effective date of this regulation is September 15, 1992.

§ 2. Purpose.

The purpose of this regulation is to establish the procedures for the registration of commercial fishermen and the manner and form of mandatory harvest reports from fishermen and others. Further, the purpose is to license commercial fishermen using hook-and-line, rod-and-reel, or hand line.

§ 3. Commercial fisherman registration license; exceptions.

A. In accordance with § 28.1-48.2 C of the Code of Virginia, only persons who hold a valid Commercial Fisherman Registration License may sell, trade, or barter their catch, or give their catch to another, in order that it may be sold, traded, or bartered (hereinafter generally referred to as "sell," "selling," "sale," or "sold" as the context requires). Only these licensees may sell their catches from Virginia tidal waters, regardless of the method or manner in which caught.

Exceptions to the requirement to register as a commercial fisherman for selling catch are authorized for the following persons only:

1. Persons taking menhaden under the authority of licenses issued pursuant to § 28.1-59 of the Code of Virginia.

2. Persons taking diminutive quantities of minnows, used solely for bait for fishing.

3. One agent, who is not registered as a commercial fisherman, may be authorized to possess the registration license of a commercial fisherman in order to serve as a substitute in his absence for fishing the license holder's gear and selling the catch. No more than one person shall be used as an agent at any time. An agent must possess the registration license of the owner when fishing or selling the catch in his behalf.

B. In accordance with § 28.1-48.2 H of the Code of Virginia, only persons with a valid Commercial Fisherman Registration License may purchase gear licenses. Beginning with licenses for the 1993 calendar year and for all years thereafter, gear licenses will be sold only upon presentation of evidence of a valid Commercial Fisherman Registration License.

Exceptions to the prerequisite requirement are authorized for the following gears only, and under the conditions described below:

1. Menhaden purse seine licenses issued pursuant to § 28.1-59 of the Code of Virginia may be purchased without holding a Commercial Fisherman Registration License.

2. A noncommercial gill net license issued pursuant to § 28.1-48.1 of the Code of Virginia may be purchased without holding a Commercial Fisherman Registration License.

3. Cast net or dip net licenses, issued pursuant to § 28.1-48 of the Code of Virginia, may be purchased without holding a Commercial Fisherman Registration License, for personal noncommercial use only.

C. As provided in § 28.1-48.4 of the Code of Virginia, the commission may grant exceptions to the two-year delayed registration required under § 4 C of this regulation. Any person requesting an exception shall provide said request in writing to the commission 30 days in advance of the meeting at which the commission will hear the request.

§ 4. Registration procedures.

A. During the period December 1, 1992, through February 28, 1993, holders of gear licenses issued January 1, 1992, through December 31, 1992, except those described in § 3 B, may register as commercial fishermen

Marine Resources Commission

as follows:

1. The applicant shall complete an application for a Commercial Fisherman Registration License by providing a list of the gear licenses held during calendar year 1992, complete name, mailing address, social security number, birth date, weight, height, eye color, hair color, telephone number of residence and his signature.

2. The applicant shall mail the completed application and \$150 to the Virginia Marine Resources Commission, P.O. Box 756, Newport News, VA 23607-0756.

3. The Commercial Fisherman Registration License will be returned to the applicant by mail upon validation of his application.

B. During the period December 1, 1992, through December 31, 1992, persons not holding gear licenses issued between January 1, 1992, and December 31, 1992, may register as commercial fishermen as follows:

1. The applicant shall complete an application for a Commercial Fisherman Registration License by providing his complete name, mailing address, social security number, birth date, weight, height, eye color, hair color, telephone number of residence and signature.

2. The applicant shall mail the completed application and \$150 to the Virginia Marine Resources Commission, P.O. Box 756, Newport News, VA 23607-0756.

3. The Commercial Fisherman Registration License will be returned to the applicant by mail upon validation of his application.

C. Commercial fishermen holding gear licenses issued January 1, 1992, through December 31, 1992, and failing to register as provided in § 4 A may apply only during December 1993, January or February 1994 or January, February or December of any year thereafter. Any person not holding 1992 gear licenses and failing to register as provided in § 4 B may apply only during January, February or December of 1993 or of any year thereafter. All such applications shall be for a delayed registration and shall be made as provided below.

1. The applicant shall complete an application for a Commercial Fisherman Registration License by providing his complete name, mailing address, social security number, birth date, weight, height, eye color, hair color, telephone number of residence, and signature.

2. The applicant shall mail the completed application and \$150 to the Virginia Marine Resources Commission, P.O. Box 756, Newport News, VA

23607-0756.

3. The Commercial Fisherman Registration License will be returned to the applicant by mail two years after the date of receipt of the application by the commission. Notification of any change in the address of the applicant shall be the responsibility of the applicant.

D. No part of the Commercial Fisherman Registration License fee shall be refundable.

E. The Commercial Fisherman Registration License may be renewed annually. Any person failing to renew his license shall be subject to the delay provision of § 4 C.

§ 5. Commercial hook-and-line license.

A. On or after January 1, 1993, any person desiring to take or catch fish in the tidal waters of Virginia with hook-and-line, rod-and-reel, or hand line and selling such catch shall first purchase a Commercial Hook-and-Line License from the commission or its agent.

B. The fee for the Commercial Hook-and-Line License shall be \$25.

C. A Commercial Fisherman Registration License, as described in § 28.1-48.2 H of the Code of Virginia, is required prior to the purchase of this license.

§ 6. Mandatory harvest reporting.

A. On or after January 1, 1993, it shall be unlawful for any person holding a Commercial Fisherman Registration License to fail to fully report their catches and related information as set forth in this regulation.

B. It shall be unlawful for any recreational fisherman, charter boat captain, head boat captain, commercial fishing pier operator, or owner of a private boat licensed pursuant to §§ 28.1-48.1 through 28.1-48.9 of the Code of Virginia to fail to report recreational catches upon request to those authorized by the commission.

C. Registered commercial fishermen shall accurately and legibly complete a daily form describing that day's harvest from Virginia tidal waters. The forms used to record daily harvest shall be those provided by the commission or another approved by the commission. Registered commercial fishermen may use more than one form when selling to more than one buyer.

D. Registered commercial fishermen shall submit a monthly catch report to the commission no later than the fifth day of the following month. This report shall be accompanied by the daily catch records described in subsection C of this section. Completed forms shall be mailed or delivered to the commission or other designated locations.

E. The monthly catch report and daily catch records shall include the name and signature of the registered commercial fisherman and his license registration number, buyer or private sale information, date of sale, city or county of landing, water body fished, gear type and amount used, number of hours fished, species harvested, market category, and live weight or processed weight or species harvested. Any information on the price paid for the catch may be voluntarily provided.

F. Registered commercial fishermen not fishing during a calendar year shall so notify the commission no later than February 1 of the following year.

G. Any person licensed as a commercial seafood buyer pursuant to § 28.1-119.1 of the Code of Virginia shall maintain for a period of one year a copy of each fisherman's daily catch record form for each purchase made. Such records shall be made available upon request to those authorized by the commission.

H. Registered commercial fishermen shall maintain their daily catch records for one year and shall make them available upon request to those authorized by the commission.

I. Registered commercial fishermen and licensed seafood buyers shall allow those authorized by the commission to sample catch and seafood products to obtain biological information for scientific and management purposes only. Such sampling shall be conducted in a manner which does not hinder normal business operations.

J. The reporting of oyster harvest and transactions shall be made in accordance with VR 450-01-0026 and shall be exempted from the procedures described in this section.

§ 7. Penalty.

In addition to the penalties described by law, any person violating any provision of this regulation may be subject to license suspension or revocation.

/s/ William A. Pruitt
Commissioner
Date: August 25, 1992

GOVERNOR

EXECUTIVE MEMORANDUM 1-92

To: Major General John G. Castles
Adjutant General and Chief of Staff
Department of Military Affairs

By virtue of the authority vested in me as Governor under Article V, Section 7 of the Constitution of Virginia and Chapter 1, Article 2 of Title 44 of the Code of Virginia, and subject always to my continuing and ultimate authority and responsibility to act in such matters, I hereby direct you to take all measures necessary to replace the flag being employed in the emblem of the 149th Fighter Squadron, 192nd Fighter Group, Virginia Air National Guard with the flag of the United States of America.

This replacement shall be carried out on all equipment and uniforms of this unit, effective immediately.

This Executive Memorandum, given under my hand on this 23rd day of July, 1992, shall become effective immediately and remain in full force and effect until superceded and rescinded by further Executive Memorandum.

/s/ Lawrence Douglas Wilder

EXECUTIVE ORDER NUMBER FIFTY (92)

CREATING THE GOVERNOR'S ADVISORY COMMISSION ON WORKERS' COMPENSATION

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and, including, but not limited to, Section 2.1-51.36 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby create the Governor's Advisory Commission on Workers' Compensation.

The Advisory Commission is classified as a gubernatorial advisory commission in accordance with Sections 2.1-51.35 and 9-6.25 of the Code of Virginia.

In recent years the Commonwealth has experienced unprecedented industrial growth. As industry has grown, the need for and importance of a fair and functional system of workers' compensation have become increasingly important. The Commonwealth has experienced rapid growth in work-related injuries and claims. These injuries have significant consequences upon workers, employers, and the medical community. The Commission on Workers' Compensation will assist in the exchange of information and ideas among those affected by injuries to employees in the workplace.

The Commission shall have the specific duty of advising the Governor relative to the following issues:

1. The Commission will examine, among other things: the definition of injury; attorney's fees for representation of injured employees; compensation for injured employees, including those who refuse suitable employment; awards for a change in condition; refusal of employment; and the process for obtaining medical opinions for injured employees.

2. The Commission will also examine the costs of health benefits extended to injured employees and ways to contain increases in such costs without decreasing the quality of health care afforded to injured employees.

3. The Commission will evaluate the need for changes to the Code of Virginia and make any recommendations deemed necessary to provide the Commonwealth with the ability to address workers' compensation issues.

The Commission shall consist of no more than seventeen members, including a Chair and Vice-Chair, and shall be appointed by the Governor and serve at his pleasure.

Such funding as is necessary for the fulfillment of the Commission's business during the term of its existence will be provided by such executive branch agencies with related purposes as the Governor may from time to time designate. Total expenditures for the Commission's work are estimated to be \$12,500.

Such staff and other support as is necessary for the conduct of the Commission's business during the term of its existence will be provided by the Department of General Services and such other executive branch agencies with related purposes as the Governor may from time to time designate. An estimated 5,200 hours of staff support will be required to assist the Commission.

Members of the Commission shall serve without compensation and shall not receive any expenses incurred in the discharge of their official duties.

The Commission shall complete its examinations of these matters and report to the Governor no later than December 15, 1992. It may issue interim reports and make recommendations at any time it deems necessary.

This Executive order shall become effective upon its signing and shall remain in full force and effect until June 1, 1993 unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 11th day of June, 1992.

/s/ Lawrence Douglas Wilder
Governor

EXECUTIVE ORDER NUMBER FIFTY-ONE (92)

CONTINUING CERTAIN DECLARATIONS OF STATES OF EMERGENCY DUE TO NATURAL DISASTERS IN THE COMMONWEALTH

By virtue of the authority vested in me as Governor by Section 44-146.17 of the Code of Virginia, and subject always to my continuing and ultimate authority and responsibility to act in such matters, and to reserve powers, I hereby continue the states of emergency declared in the following executive orders:

Executive Order Number 65 (85), Declaration of a State of Emergency for Flash Flooding and Mudslides Occurring Throughout the Commonwealth of Virginia as continued by Executive Orders Number 15 (86), 46 (87), 60 (88), 69 (89), 10 (90), and 34 (91);

Executive Order Number 76 (89), Declaration of State of Emergency Arising From Flooding in Buchanan County, Virginia as continued by Executive Orders Number 10 (90) and 34 (91);

Executive Order Number 29 (91), Declaration of State of Emergency Arising From a Fire Near Wakefield, Virginia as continued by Executive Order Number 34 (91); and

Executive Order Number 45 (92), Declaration of State of Emergency Arising From Flash Flooding in the Western Region of Virginia.

This Executive Order will become effective July 1, 1992, and will remain in full force and effect until June 30, 1993, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 17th day of July, 1992.

/s/ Lawrence Douglas Wilder
Governor

EXECUTIVE ORDER NUMBER FIFTY-TWO (92)
(REVISED)

CREATING THE GOVERNOR'S ADVISORY COMMISSION ON COMMUNITY ISSUES RELATING TO THE PICKETT ROAD TANK FARM

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and, including, but not limited to, Section 2.1-51.36 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby create the Governor's Advisory Commission on Community Issues Relating to the Pickett Road Tank Farm.

The Commission is classified as a gubernatorial advisory commission in accordance with Sections 2.1-51.35 and 9-6.25 of the Code of Virginia.

Since September, 1990, the Commonwealth has worked to address the problem of underground petroleum contamination emanating from the Pickett Road Tank Farm in the City of Fairfax. This discharge has made life extremely difficult for citizens who live near the tank farm.

The Mayor of Fairfax has written asking the Governor's assistance in finding an appropriate site elsewhere to locate the tank farm. Relocation of the tank farm, however, will not resolve the current issues of underground petroleum contamination facing the community surrounding the tank farm. In response to requests from the Mayor and the community, and with the anticipated cooperation of the affected petroleum companies and political subdivisions, the Commission shall have the specific duty of preparing a report for the Governor in which it advises him of the following:

1. Methods by which the State can further assist the community and neighboring citizens cope with the contamination problem; and
2. Strategies by which the State can assist the community with the longer-term implications of the problem, to include the possibility of relocation.

The Commission shall consist of no more than 17 members, who shall be appointed by the Governor and shall serve at his pleasure. The Governor shall designate a Chair and a Vice-Chair from among the members of the Commission.

Members shall include the Mayor of the City of Fairfax; selected Chairpersons of local Boards of Supervisors; representatives of local business and affected citizens; a designee of the Virginia Petroleum Council; and designees of the Attorney General, the Secretary of Economic Development, and the Secretary of Natural Resources.

Such funding as is necessary for the fulfillment of the Commission's responsibilities during the term of its existence shall be provided jointly by the Secretary of Economic Development and the Secretary of Natural Resources. Other support as is necessary for the conduct of the Commission's business during the term of its existence may be provided by such executive branch agencies with related purposes as the Governor may from time to time designate. Total expenditures for the Commission's work are estimated to be \$7,500.

Such staff support as is necessary for the conduct of the Commission's business during the term of its existence will be provided by the Virginia Department of Economic Development and by such executive branch agencies with related purposes as the Governor may from time to time designate. An estimated 3,000 hours of staff support will be

Governor

required to assist the Commission.

Members of the Commission shall be reimbursed only for reasonable and necessary expenses incurred in the performance of their official duties.

The Commission shall complete its examinations of these matters and report to the Governor no later than December 1, 1992. It may issue interim reports and make recommendations at any time it deems necessary.

This Executive Order shall become effective upon its signing and shall remain in full force and effect until December 31, 1992 unless amended or rescinded by further executive order.

This Executive Order rescinds Executive Order Number Fifty-Two (92) issued the 29th day of July, nineteen hundred and ninety-two.

Given under my hand and under the Seal of the Commonwealth of Virginia this 3rd day of September, 1992.

/s/ Lawrence Douglas Wilder
Governor

EXECUTIVE ORDER NUMBER FIFTY-THREE (92)

APPLICATION OF CENTRALIZED FLEET ASSIGNMENT CRITERIA TO OTHER STATE-OWNED PASSENGER VEHICLES

By virtue of the authority vested in me as Governor by Article V of the Constitution of Virginia and Section 33.1-407 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby extend the criteria governing the assignment of state-owned centralized fleet vehicles to all passenger-type vehicles owned by the Commonwealth except those described in Section 33.1-401(2). The assignment criteria are included in Section II-B of "Rules and Regulations Governing the Use, Operation and Maintenance of State-owned Fleet Vehicles," published by the Virginia Department of Transportation.

A comprehensive statewide application of the criteria is critical to achieve consistent and efficient use of passenger-type vehicles owned by the Commonwealth. Such an approach has the potential to ensure consistent use, operation, and maintenance of agency owned, agency assigned, and fleet pool vehicles.

Passenger-type vehicles are defined as any automobile, including sedans and station wagons, or any van used primarily for the transportation of the operator and no more than fifteen (15) passengers.

The head of each agency or institution shall implement a process for the control and monitoring of the assignment

of each passenger vehicle and assure continual conformance to the assignment criteria.

Each agency and institution shall certify biennially on December 31 of odd numbered years to the Secretary of Transportation that the agency or institution is complying with the criteria.

This Executive Order is effective upon its signing and will remain in full force and effect until June 30, 1994, unless amended or rescinded by further Executive Order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 6th day of August, 1992.

/s/ Lawrence Douglas Wilder
Governor

GOVERNOR'S COMMENTS ON PROPOSED REGULATIONS

(Required by § 9-6.12:9.1 of the Code of Virginia)

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Title of Regulation: VR 115-02-03. Rules and Regulations Governing the Prevention, Control and Eradication of Brucellosis of Cattle in Virginia. REPEALED.

Title of Regulation: VR 115-02-03:1. Rules and Regulations Governing the Prevention, Control and Eradication of Brucellosis of Brovidae in Virginia.

Governor's Comment:

This proposal requires that herds of cattle and bison be tested for Brucellosis. The testing requirement assures animal health, which is important to the economic stability of the Commonwealth's agricultural industry. Pending public comment, I recommend approval of these regulations.

Lawrence Douglas Wilder
Governor
Date: August 19, 1992

DEPARTMENT OF COMMERCE

Title of Regulation: VR 190-06-1. Employment Agency Regulation.

Governor's Comment:

The proposal would comply with the changes in the state's law for the regulation of employment agencies to better protect consumers. Pending public comment, I recommend approval.

/s/ Lawrence Douglas Wilder
Governor
Date: August 19, 1992

DEPARTMENT OF STATE POLICE

Title of Regulation: VR 545-01-03. Standards and Specifications for the Stickers or Decals Used by Counties, Cities and Towns in Lieu of License Plates.

Governor's Comment:

/s/ Lawrence Douglas Wilder
Governor
Date: August 31, 1992

GENERAL NOTICES/ERRATA

Symbol Key †

† Indicates entries since last publication of the Virginia Register

GENERAL NOTICES

NOTICE

Notices of Intended Regulatory Action are published as a separate section at the beginning of each issue of the Virginia Register.

VIRGINIA CODE COMMISSION

NOTICE TO STATE AGENCIES

Change of Address: Our new mailing address is: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219. You may FAX in your notice; however, we ask that you do not follow-up with a mailed copy. Our FAX number is: 371-0169.

FORMS FOR FILING MATERIAL ON DATES FOR PUBLICATION IN THE VIRGINIA REGISTER OF REGULATIONS

All agencies are required to use the appropriate forms when furnishing material and dates for publication in the Virginia Register of Regulations. The forms are supplied by the office of the Registrar of Regulations. If you do not have any forms or you need additional forms, please contact: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

FORMS:

NOTICE of INTENDED REGULATORY ACTION - RR01
NOTICE of COMMENT PERIOD - RR02
PROPOSED (Transmittal Sheet) - RR03
FINAL (Transmittal Sheet) - RR04
EMERGENCY (Transmittal Sheet) - RR05
NOTICE of MEETING - RR06
AGENCY RESPONSE TO LEGISLATIVE OR GUBERNATORIAL OBJECTIONS - RR08
DEPARTMENT of PLANNING AND BUDGET (Transmittal Sheet) - DPBRR09

Copies of the Virginia Register Form, Style and Procedure Manual may also be obtained at the above address.

ERRATA

ALCOHOLIC BEVERAGE CONTROL BOARD

Title of Regulation: **VR 125-01-3. Tied House.**

Publication Date: 8:24 VA.R. 4300-4307 August 24, 1992.

Correction to proposed regulation:

Page 4301, § 3 D 3, line 2, after "require that" strike "the board or"

STATE LOTTERY DEPARTMENT (STATE LOTTERY BOARD)

Title of Regulation: **VR 447-01-2. Administration Regulations.**

Publication Date: 8:24 VA.R. 4387-4409 August 24, 1992.

Correction to final regulation:

Page 4391, first column, § 1.1, definition of "vendor," line 1 should read:

"Vendor" means one who can sell to, supply or install...

* * * * *

Title of Regulation: **VR 447-02-2. On-Line Game Regulations.**

Publication Date: 8:24 VA.R. 4423-4442 August 24, 1992.

Correction to final regulation:

Page 4440, first column, § 4.9 A 5, beginning with line 2:

"...group-designated agent for a subscription shall remain unchanged for the duration of the subscription once the..."

CALENDAR OF EVENTS

Symbols Key

- † Indicates entries since last publication of the Virginia Register
- ☒ Location accessible to handicapped
- ☎ Telecommunications Device for Deaf (TDD)/Voice Designation

NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the Virginia Register deadline may preclude a notice of such cancellation.

For additional information on open meetings and public hearings held by the Standing Committees of the Legislature during the interim, please call Legislative Information at (804) 786-6530.

VIRGINIA CODE COMMISSION

EXECUTIVE

BOARD FOR ACCOUNTANCY

September 21, 1992 - 9 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, 5th Floor, Richmond, Virginia. ☒

A special called meeting to consider (i) regulatory review; and (ii) routine board business.

Contact: Roberta L. Banning, Assistant Director, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590.



DEPARTMENT FOR THE AGING

Long-Term Care Ombudsman Program Advisory Council

September 22, 1992 - 9 a.m. – Open Meeting
The Virginia Association of Homes for Adults, Inc., United Way Building, Suite 101, 224 West Broad Street, Richmond, Virginia. ☒

Business will include discussion of goals and objectives for the Virginia Long-Term Care Ombudsman Program.

Contact: Etta V. Hopkins, Assistant Ombudsman, Virginia Department for the Aging, 700 E. Franklin St., 10th Floor, Richmond, VA 23219-2327, telephone (804) 225-2271/TDD ☎ or toll-free 1-800-552-3402.

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (BOARD OF)

September 30, 1992 - 1 p.m. – Public Hearing
1100 Bank Street, 2nd Floor Boardroom, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Agriculture and Consumer Services intends to **adopt** regulations entitled: **VR 115-02-02:1. Rules and Regulations Governing the Prevention, Control and Eradication of Tuberculosis in Bovidae, Cervidae, and Capridae in Virginia** and repeal regulations entitled **VR 115-02-02. Rules and Regulations Governing the Prevention, Control and Abatement of Bovine Tuberculosis of Cattle in Virginia**. The purpose of this action is to review the regulation for effectiveness and continued need, including but not limited to: (i) adding provisions to require testing and subjecting to other requirements within the regulation of (a) all classes of bovidae (not just cattle), (b) all cervidae (many of the deer), and (c) all capridae (goats); (ii) considering alternative ways of disposing of tuberculosis-infected animals; and (iii) a proposal to shorten the time in which a report must be made to the State Veterinarian when tuberculosis is suspected.

Statutory Authority: §§ 3.1-724, 3.1-726, 3.1-730 and 3.1-737 of the Code of Virginia.

Contact: Dr. W. M. Sims, Jr., State Veterinarian, P.O. Box 1163, Richmond, VA 23219, telephone (804) 786-2481.

* * * * *

September 30, 1992 - 1 p.m. – Public Hearing
1100 Bank Street, Washington Building, Room 204, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Agriculture and Consumer Services intends to **adopt** regulations entitled: **VR 115-02-03:1. Rules and Regulations**

Calendar of Events

Governing the Prevention, Control and Eradication of Brucellosis of Bovidae in Virginia and repeal regulations entitled VR 115-02-03. Rules and Regulations Governing the Prevention, Control and Eradication of Brucellosis of Cattle in Virginia. The purpose of this action is to review the regulation for effectiveness and continued need, including but not limited to: (i) adding provisions to require testing and subjecting to other requirements within the regulation of all classes of bovidae (not just cattle), (ii) a proposal to add definitions to the regulation to be specific in terms of precisely which bovidae must be tested for brucellosis, (iii) a proposal to expand instances in which a test for brucellosis is required, not just when there is a change of ownership.

Statutory Authority: §§ 3.1-724, 3.1-726, 3.1-730 and 3.1-737 of the Code of Virginia.

Contact: Dr. W. M. Sims, Jr., State Veterinarian, P.O. Box 1163, Richmond, VA 23219, telephone (804) 786-2481.

* * * * *

September 30, 1992 - 1 p.m. – Public Hearing
1100 Bank Street, Washington Building, Room 204, Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Agriculture and Consumer Services intends to **adopt** regulations entitled: **VR 115-02-12:1. Rules and Regulations Governing the Admission of Livestock, Poultry, Companion Animals and Other Animals or Birds into Virginia and repeal regulations entitled VR 115-02-12. Rules and Regulations Governing the Admission of Livestock, Poultry, Companion Animals and Other Animals or Birds into Virginia.** The purpose of this action is to review the regulation for effectiveness and continued need, including but not limited to: (i) adding provisions governing the importation of cervidae—most varieties of deer; (ii) repealing provisions requiring a permit for the importation of psittacine (parrot-like) birds and repealing provisions requiring that they be treated for psittacosis; (iii) repealing provisions requiring South American camelids of the genus *Lama* to be tested for bluetongue; (iv) requiring rabies vaccination for cats entering the Commonwealth; (v) adding importation requirements for bison, to treat them more consistently with cattle; and (vi) relaxing certain requirements pertaining to feeder cattle.

Statutory Authority: §§ 3.1-724, 3.1-726, 3.1-730 and 3.1-737 of the Code of Virginia.

Contact: Dr. W. M. Sims, Jr., State Veterinarian, P.O. Box 1163, Richmond, VA 23219, telephone (804) 786-2481.

September 30, 1992 - 9 a.m. – Open Meeting
Washington Building, Room 204, 1100 Bank Street, Richmond, Virginia.

At this regular meeting, the board plans to discuss legislation, regulations, and fiscal matters and will receive reports from the staff of the Department of Agriculture and Consumer Services. The board may consider other matters relating to its responsibilities. At the conclusion of other business, the board will review public comments for a period not to exceed 30 minutes.

Contact: Roy E. Seward, Secretary to the Board, VDACS, Room 210, Washington Bldg., 1100 Bank St., Richmond, VA 23219, telephone (804) 786-3501 or (804) 371-6344/TDD ☎

Virginia Pesticide Control Board

September 24, 1992 - 9:30 a.m. – Open Meeting
Virginia Department of Agriculture and Consumer Services, Room 503, Washington Building, 1100 Bank Street, Richmond, Virginia. ☎

The Personnel and Administration Committee of the Pesticide Control Board will meet to consider the need for posting and notification requirements for pesticide applications in the Commonwealth. The public may comment on this issue in person during the committee meeting, or written comments will be received through 5 p.m., September 23, 1992.

September 24, 1992 - 10:30 a.m. – Open Meeting
Virginia Department of Agriculture and Consumer Services, Room 503, Washington Building, 1100 Bank Street, Richmond, Virginia. ☎

The Fees and Licenses committee of the Pesticide Control Board will meet to review the results of a survey regarding insurance for pesticide applicators. The public may comment on this issue in person during the committee meeting, or written comments will be received through 5 p.m. September 23, 1992.

† **October 15, 1992 - 10 a.m. – Open Meeting**
† **October 16, 1992 - 9 a.m. – Open Meeting**
Virginia Department of Agriculture and Consumer Services, Board Room 204, 1100 Bank Street, Richmond, Virginia. ☎

10 a.m., October 15, 1992 - Pesticide Control Board committee meetings.

9 a.m., October 16, 1992 - Pesticide Control Board will conduct general business meeting.

Portions of the meeting may be held in closed session, pursuant to § 2.1-344 of the Code of Virginia.

The public will have an opportunity to comment on any matter not on the Pesticide Control Board's agenda at 9 a.m., October 16, 1992.

The board anticipates hearing a presentation on pesticides by a speaker, yet to be determined, at 8 p.m., October 15, 1992, following their dinner, at the Commonwealth Park Suites Hotel, Ninth and Bank Streets, Richmond, Virginia 23203.

Contact: Dr. Marvin A. Lawson, Program Manager, Office

of Pesticide Management, 1100 Bank St., Room 401, Richmond, VA 23219, telephone (804) 371-6558.

DEPARTMENT OF AIR POLLUTION CONTROL (STATE BOARD OF)

† **October 1, 1992 - 7:30 p.m.** – Public Hearing
Fairfax County Community Library, 9520 Richmond Highway, Lorton, Virginia.

A public hearing will be held to allow the public to voice comments regarding the proposed issuance of a State Air Pollution Control Board permit to Michigan Cogeneration Systems, Inc., to install and operate four reciprocating-engine drive electric generating units fueled with landfill gas at the I-95 Landfill, 9898 Furnace Road, Lorton, Virginia. A prehearing briefing will be presented by the Department of Air Pollution Control to provide information about the permit and the project before receiving testimony.

Contact: Robert C. Cole, Environmental Engineer Senior, Virginia Department of Air Pollution Control, 6625 Brandon Avenue, Suite 310, Springfield, VA 22150, telephone (703) 644-0311.

† **October 5, 1992 - Call contact for time** – Open Meeting
Holiday Inn, 4303 Commerce Road, Richmond, Virginia.

The board will consider final regulations for gasoline vapor recovery systems and for a revised permit program for new industry and expansions.

Contact: Dr. Kathleen Sands, Policy Analyst, Department of Air Pollution Control, P.O. Box 10089, Richmond, VA 23240, telephone (804) 225-2722.

ALCOHOLIC BEVERAGE CONTROL BOARD

September 28, 1992 - 9:30 a.m. – Open Meeting

October 14, 1992 - 9:30 a.m. – Open Meeting

October 26, 1992 - 9:30 a.m. – Open Meeting

2901 Hermitage Road, Richmond, Virginia. ☒

Receipt and discussion of reports and activities from staff members. Other matters not yet determined.

Contact: Robert N. Swinson, Secretary to the Board, 2901 Hermitage Rd., P.O. Box 27491, Richmond, VA 23261, telephone (804) 367-0616.

* * * * *

October 28, 1992 - 10 a.m. – Public Hearing
First Floor Hearing Room, 2901 Hermitage Road, Richmond, Virginia.

October 28, 1992 – Written comments may be submitted until 10 a.m. on this date.

Notice is hereby given in accordance with § 9.6.14:7.1 of the Code of Virginia that the Alcoholic Beverage Control Board intends to amend regulations entitled: **VR 125-01-2. Advertising, VR 125-01-3. Tied House, VR 125-01-4. Requirements for Product Approval, VR 125-01-5. Retail Operations, and VR 125-01-7. Other Provisions.** Numerous regulations are being amended, some of which relate to (i) the advertising of nonalcoholic beer and nonalcoholic wine; (ii) allowing combination packaging; (iii) manufacturers, bottlers and wholesalers supplying placemats, coasters, napkins and back-bar pedestals to retailers under limited conditions; (iv) permitting novelty and specialty items with alcoholic beverage advertising to be given to patrons on the premises of retail licensees; (v) no limitation on the number of distilled spirits brands which may be listed on clip-ons and table tents; (vi) allowing brewpubs to use growlers to sell their beer to consumers for off-premises consumption; (vii) prohibiting a licensed club from obtaining a banquet special events license or a mixed beverage special events license for use on its premises; (viii) the definition of "gift shop"; (ix) the acceptance of credit or debit cards by A.B.C. stores for the retail purchase of alcoholic beverages; and (x) keg registration.

Statutory Authority: §§ 4-7(1), 4-36, 4-69, 4-69.2, 4-72.1, 4-98.14, 4-103(b) and 9-6.14:1 et seq. of the Code of Virginia.

Contact: Robert N. Swinson, Secretary to the Board, P.O. Box 27491, 2901 Hermitage Rd., Richmond, VA 23261, telephone (804) 367-0616.

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND LANDSCAPE ARCHITECTS

Board for Interior Designers

September 25, 1992 - 1 p.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to (i) approve minutes from August 14, 1992, meeting, (ii) review applications; and (iii) review correspondence.

Contact: Willie Fobbs, III, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514.

BOARD FOR BARBERS

† **September 28, 1992 - 9 a.m.** – Open Meeting
Department of Commerce, 3600 West Broad Street, 5th Floor, Richmond, Virginia.

A meeting to (i) review application; (ii) review

Calendar of Events

correspondence; (iii) review and disposition of enforcement cases; and (iv) routine board business.

Contact: Roberta L. Banning, Assistant Director, 3600 West Broad Street, Richmond, VA 23230-4917, telephone (804) 367-8590.

CHESAPEAKE BAY LOCAL ASSISTANCE BOARD

NOTICE: CHANGE IN MEETING LOCATION

September 24, 1992 - 10 a.m. – Open Meeting
State Capitol, Senate Room 4, Capitol Square, Richmond, Virginia. ☒

The board will conduct general business, including review of local Chesapeake Bay Preservation Area programs. Public comment will be heard early in the meeting. A tentative agenda will be available from the Chesapeake Bay Local Assistance Department by September 17, 1992.

† **October 29, 1992 - 10 a.m. – Open Meeting**
State Capitol, Senate Room 4, Capitol Square, Richmond, Virginia. ☒

The board will conduct general business, including review of local Chesapeake Bay Preservation Area programs. Public comment will be heard early in the meeting. A tentative agenda will be available from the Chesapeake Bay Local Assistance Department by October 22, 1992.

† **December 3, 1992 - 10 a.m. – Open Meeting**
State Capitol, Senate Room 4, Capitol Square, Richmond, Virginia. ☒

The board will conduct general business, including review of local Chesapeake Bay Preservation Area programs. Public comment will be heard early in the meeting. A tentative agenda will be available from the Chesapeake Bay Local Assistance Department by November 24, 1992.

Contact: Receptionist, Chesapeake Bay Local Assistance Department, 805 E. Broad St., Suite 701, Richmond, VA 23219, telephone (804) 225-3440 or toll free 1-800-243-7229/TDD ☎

Northern Area Review Committee

† **September 30, 1992 - 9 a.m. – Open Meeting**
State Capitol, Senate Room 4, Capitol Square, Richmond, Virginia. ☒

The Review Committee will review Chesapeake Bay Preservation Area programs for the Northern Area. Persons interested in observing should call the Chesapeake Bay Local Assistance Department to verify meeting time, location and schedule. No comments from the public will be entertained at the Review

Committee meeting. However, written comments are welcome.

Contact: Receptionist, Chesapeake Bay Local Assistance Department, 805 East Broad Street, Richmond, VA 23219, telephone (804) 225-3440, (804) 225-3440/TDD ☎, or 1-800-243-7229/TDD ☎.

CENTRAL VIRGINIA ALCOHOL SAFETY ACTION PROGRAM POLICY BOARD

† **September 23, 1992 - 7 p.m. – Open Meeting**
Central Virginia Alcohol Safety Action Program, 2316 Atherholt Road, Suite 200, Lynchburg, Virginia.

Fall Policy Board meeting regarding program activities and future operations.

Contact: L. T. Townes, Executive Director, P.O. Box 4345, Fort Hill Station, Lynchburg, VA 24502, telephone (804) 528-4073.

BOARD OF COMMERCE

October 26, 1992 - 10 a.m. – Open Meeting
Department of Commerce, Room No. 1, 3600 West Broad Street, Richmond, Virginia. ☒

A regular quarterly meeting of the Board of Commerce. Agenda items expected are (i) reports from subcommittees reviewing citizen-member participation on occupational regulatory boards; (ii) revision of the "Agency Rules of Practice for Hearing Officers"; (iii) subcommittee report on trends in continuing education requirements for professionals; and (iv) a report from delegates to the national convention of state regulatory agencies (CLEAR).

Contact: Alvin D. Whitley, Board Secretary, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8564.

DEPARTMENT OF CONSERVATION AND RECREATION

Goose Creek Scenic River Advisory Board

October 7, 1992 - 2 p.m. – Open Meeting
F & M Bank, Leesburg, Virginia.

A review of river issues and programs.

Contact: Richard G. Gibbons, Environmental Program Manager, Department of Conservation and Recreation, Division of Planning and Recreation Resources, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-4132 or (804) 786-2121/TDD ☎

Falls of the James Scenic River Advisory Board

† **October 16, 1992 - Noon** – Open Meeting
Planning Commission Conference Room, Fifth Floor, City Hall, Richmond, Virginia.

A review of river issues and programs.

Contact: Richard G. Gibbons, Environmental Program Manager, Department of Conservation and Recreation, Division of Planning and Recreation Resources, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-4132 or (804) 786-2121/TDD ☎

BOARD FOR CONTRACTORS

† **October 14, 1992 - 9 a.m.** – Open Meeting
Conference Room 1, 3600 West Broad Street, Richmond, Virginia.

A regular quarterly meeting of the board to address policy and procedural issues as well as other routine business matters. The meeting is open to the public; however, a portion of the board's discussion may be conducted in Executive Session.

Contact: Florence R. Brassier, Assistant Director, 3600 West Broad Street, Richmond, VA 23230, telephone (804) 367-8557.

Applications Review Committee

September 22, 1992 - 9 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Conference Room 3, Richmond, Virginia. ☒

A regular meeting to review applications with convictions and complaints for Class A Contractors Licenses and Class B Contractors Registrations.

Contact: Florence R. Brassier, Assistant Director, 3600 West Broad Street, Richmond, VA 23230, telephone (804) 367-8557.

Recovery Fund Committee

September 24, 1992 - 9 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

The committee will consider claims filed against the Virginia Contractor Transaction Recovery Fund. This meeting will be open to the public; however, a portion of the discussion may be conducted in Executive Session.

Contact: Vickie Brock, Recovery Fund Administrator, 3600 W. Broad St., Richmond, VA 23219, telephone (804) 367-2394.

DEPARTMENT OF CORRECTIONS (STATE BOARD OF)

† **November 18, 1992 - 10:30 a.m.** – Public Hearing
6900 Atmore Drive, Richmond, Virginia.

November 20, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Board of Corrections intends to amend regulations entitled: **VR 230-30-001. Minimum Standards for Jails and Lockups.** The purpose of the proposed action is to incorporate the Work/Study Release Program Standards as an integral part of the Standards for Jails and Lockups.

STATEMENT

Basis: Sections 53.1-5, 53.1-68 and 53.1-131 of the Code of Virginia authorize the Board of Corrections to prescribe program standards and to monitor the activities of the Department of Corrections in implementing the standards.

Purpose: These standards are being amended to incorporate the minimum standards for work, study release into the standards for jails and lockups thus having all standards in the same document.

Substance: These standards provide measurement factors and a management tool in the evaluation of work, study release programs within local correctional facilities. This amendment to the standards for jails and lockups will replace VR 230-30-006, Work/Study Release Standards for Local Facilities.

Issues: These standards were promulgated by the Board of Corrections to carry out the provisions of §§ 53.1-5 and 53.1-131 of the Code of Virginia. Work, study and rehabilitative programs operated by the local jails must meet the standards in order to operate as a certified facility.

Impact: These standards will impact any local jail that operates a work/study release program. Since the local jails have operated under the current standards since 1984, there should be minimal increase in cost to the local jails for compliance. Failure to meet minimum standards can result in the loss of certification which can lead to the loss of funding and possible closure of the facility or program.

The fiscal impact of these standards on the Department of Corrections will be approximately \$900 to be used primarily for printing and postage.

Statutory Authority: §§ 53.1-5, 53.1-68, and 53.1-131 of the Code of Virginia.

Contact: Mike Howerton, Chief of Operations, 6900 Atmore Drive, Richmond, VA 23225, telephone (804) 674-3262.

Calendar of Events

BOARD FOR COSMETOLOGY

† **October 19, 1992 - 9 a.m.** – Open Meeting
† **November 23, 1992 - 9 a.m.** – Open Meeting
Department of Commerce, 3600 West Broad Street,
Richmond, Virginia.

A general business meeting.

Contact: Demetra Y. Kontos, Assistant Director, Board for
Cosmetology, Department of Commerce, 3600 West Broad
Street, Richmond, VA 23230, telephone (804) 367-0500.

RAPPAHANNOCK-RAPIDAN DIVISION OF COURT SERVICES EXECUTIVE BOARD

† **September 21, 1992 - 5:30 p.m.** – Open Meeting
300 Sunset Lane Ext., Suite 3110, Culpeper, Virginia. ☒
Interpreter for deaf provided by request.

A quarterly business meeting of the District Nine
Virginia Alcohol Safety Action Program. Items for
review: budget, program activities and personnel.

Contact: R. Dean Irvine, Director, 300 Sunset Lane Ext.,
Suite 3110, Culpeper, VA 22701, telephone (703) 825-4550.

CRIMINAL JUSTICE SERVICES BOARD

Committee on Criminal Justice Information Systems

† **September 24, 1992 - 10 a.m.** – Open Meeting
Capitol Building, House Room 1, Richmond, Virginia. ☒
Interpreter for deaf provided by request.

A meeting to discuss projects and business of the
committee.

Contact: Paula J. Scott, Staff Executive, Department of
Criminal Justice Services, 805 East Broad Street,
Richmond, VA 23219, telephone (804) 786-4000.

BOARD OF DENTISTRY

October 9, 1992 - 8:30 a.m. – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive,
Richmond, Virginia.

Informal conferences.

Contact: Nancy Taylor Feldman, Executive Director, 1601
Rolling Hills Dr., Richmond, VA 23229, telephone (804)
662-9906.

LOCAL EMERGENCY PLANNING COMMITTEE - CHESTERFIELD COUNTY

October 1, 1992 - 5:30 p.m. – Open Meeting
November 5, 1992 - 5:30 p.m. – Open Meeting
December 3, 1992 - 5:30 p.m. – Open Meeting
Chesterfield County Administration Building, 10,001
Ironbridge Road, Room 502, Chesterfield, Virginia. ☒

A meeting to meet requirements of Superfund
Amendment and Reauthorization Act of 1986.

Contact: Lynda G. Furr, Assistant Emergency Services
Coordinator, Chesterfield Fire Department, P.O. Box 40,
Chesterfield, VA 23832, telephone (804) 748-1236

LOCAL EMERGENCY PLANNING COMMITTEE - FAIRFAX COUNTY, CITY OF FAIRFAX AND THE TOWNS OF HERNDON AND VIENNA

September 24, 1992 - 9 a.m. – Open Meeting
John C. Wood Municipal Center, 3730 Old Lee Highway,
Fairfax, Virginia. ☒

A planning committee meeting to discuss issues related
to hazardous substances in compliance with SARA
Title III.

Contact: Marysusan Giguere, Fire and Rescue Department,
4100 Chain Bridge Rd., Suite 500, Fairfax, VA 22030,
telephone (703) 246-3991.

LOCAL EMERGENCY PLANNING COMMITTEE - PRINCE WILLIAM COUNTY, MANASSAS CITY, AND MANASSAS PARK CITY

September 21, 1992 - 1:30 p.m. – Open Meeting
1 County Complex Court, Prince William, Virginia. ☒

A multi-jurisdictional local emergency planning
committee to discuss issues related to hazardous
substances in the jurisdictions. SARA Title III
provisions and responsibilities for hazardous material
emergency response planning.

Contact: John E. Medici, Hazardous Materials Officer, 1
County Complex Court, Internal Zip MC470, Prince
William, VA 22192, telephone (703) 792-6800.

VIRGINIA EMERGENCY RESPONSE COUNCIL

October 29, 1992 - 10 a.m. – Open Meeting
Virginia Department of Waste Management, Conference
Room B, Monroe Building, 101 North 14th Street,
Richmond, Virginia. ☒

This meeting will provide the VERC with an update of
issues concerning local governments/Local Emergency

Planning Committees (LEPCs) and Emergency Planning and Community "Right-to-Know"; and this meeting will also have the VERC consider both a resolution praising the late Chief Warren E. Isman, of the Fairfax County Fire Department for his contributions towards hazardous materials response in Virginia, as well as a request by the Fairfax Joint LEPC to designate specific facilities for emergency planning.

Contact: Cathy L. Harris, Environmental Program Manager, Virginia Department of Waste Management, 14th Floor, Monroe, Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2513, 225-2631 or (804) 371-8737/TDD

VIRGINIA EMPLOYMENT COMMISSION

State Advisory Board

† **October 21, 1992 - 12 noon** - Open Meeting
Radisson Hotel, 1900 Pavilion Drive, Virginia Beach, Virginia. ☑ Interpreter for deaf provided by request.

A regular meeting of the board.

Contact: Nancy L. Munnikhaysen, Virginia Employment Commission, 703 East Main Street, Richmond, VA 23219, telephone (804) 371-6001 or (804) 371-8050/TDD

COUNCIL ON THE ENVIRONMENT

September 25, 1992 - Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Council on the Environment intends to repeal regulations entitled: **VR 305-01-001. Public Participation Guidelines** and adopt regulations entitled: **VR 305-01-001:1. Public Participation Guidelines**. The proposed action is to adopt Public Participation Guidelines that establish, in regulation, various provisions to ensure that interested persons have the necessary information to comment on regulatory actions in a meaningful fashion in all phases of the regulatory process and establish guidelines that are consistent with those of other agencies within the Natural Resources Secretariat.

Statutory Authority: §§ 9-6.14:7.1 and 10.1-1206 F of the Code of Virginia.

Contact: Hannah Crew, Assistant Administrator, Council on the Environment, Suite 900, 202 N. 9th St., Richmond, VA 23219, telephone (804) 786-4500.

October 7, 1992 - 10 a.m. - Open Meeting
General Assembly Building, Senate Room A, 910 Capitol Street, Richmond, Virginia. ☑

This is a quarterly meeting of the council. The meeting is open to the public. The tentative agenda includes a discussion and vote on final public participation guidelines and a discussion of a report prepared by the Shell-fish Enhancement Task Force. Citizens will have an opportunity to present environmental concerns to the board during the meeting.

Contact: Hannah Crew, Environmental Planner, 902 N. 9th St., Suite 900, Richmond, VA 23219, telephone (804) 786-4500.

BOARD OF GAME AND INLAND FISHERIES

† **October 8, 1992 - 1:30 p.m.** - Open Meeting

4010 West Broad Street, Richmond, Virginia.

The board will meet to review alternative funding methods and to discuss general and administrative matters.

† **October 15, 1992 - 8:30 a.m.** - Open Meeting

Sunset Beach Inn, Route 13, Eastern Shore, Virginia.

The board will spend the day touring wildlife areas on the Eastern Shore of Virginia.

† **October 16, 1992 - 9 a.m.** - Open Meeting

Sunset Beach Inn, Route 13, Eastern Shore, Virginia.

The board will convene at 9 a.m. and then recess for committee meetings, beginning with the Ad Hoc Committee on Funding, followed by the Wildlife and Boat Committee, the Planning Committee, Finance Committee, Law and Education Committee and end with the Liaison Committee. In addition to each committee discussing items appropriate to its authority, the Wildlife and Boat Committee will review fish regulation proposals, based on public input received. At the conclusion of the committee meetings, the board will reconvene to go into executive session.

† **October 17, 1992 - 9 a.m.** - Open Meeting

Sunset Beach Inn, Route 13, Eastern Shore, Virginia.

The board will receive public input, adopt fish regulation proposals, and discuss and possibly take action on any general administrative matters that may be necessary.

Contact: Belle Harding, Secretary to Bud Bristow, 4010 West Broad Street, P.O. Box 11104, Richmond, VA 23230, telephone (804) 367-1000.

Calendar of Events

DEPARTMENT OF GENERAL SERVICES

Virginia Public Buildings Board

September 22, 1992 - 2 p.m. – Open Meeting
State Capitol, House Room 4, Capitol Square, Richmond, Virginia. ☒

Review of the final draft master plan of Capitol Square Complex and Broad Street Station site.

Contact: Nathan I. Broocke, Director, Division of Engineering and Buildings, Department of General Services, 805 E. Broad St., Room 101, Richmond, VA 23219, telephone (804) 786-3263 or (804) 786-6152/TDD ☎

BOARD FOR GEOLOGY

October 9, 1992 - 10 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Conference Room No. 3, Richmond, Virginia. ☒

General board meeting.

Contact: Nelle P. Hotchkiss, Assistant Director, Virginia Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595 or (804) 367-9753/TDD ☎

GOVERNOR'S COMMISSION ON DEFENSE CONVERSION AND ECONOMIC ADJUSTMENT

† **September 30, 1992 - 9 a.m.** – Open Meeting
Langley Airforce Base, Hampton, Virginia. ☒ Interpreter for deaf provided by request.

Orientation session for new Commission on its role and to review staff progress and recommendations.

† **September 30, 1992 - 2 p.m.** – Public Hearing
Thomas Nelson Community College, Hampton, Virginia. ☒ Interpreter for deaf provided by request.

Public hearing to give interested parties (employers/workers) an opportunity to express their concerns to the Commission. Individuals wishing to speak should preregister.

Contact: Mr. Jeffrey A. Windom, Deputy Commissioner, Virginia Employment Commission, 703 East Main Street, Richmond, VA 23219, telephone (804) 786-1697 or (804) 371-8050/TDD ☎

GOVERNOR'S COMMISSION ON VIOLENT CRIME

Crime Prevention Subcommittee

† **October 1, 1992 - 9 a.m.** – Open Meeting

Hampton City Council Chamber, Hampton City Hall, 22 Lincoln Street, Eighth Floor, Hampton, Virginia. ☒ Interpreter for deaf provided by request.

The Crime Prevention Subcommittee will hold a meeting and public hearing in the Council Chambers at Hampton City Hall. The public hearing should begin at 2 p.m. The commission will be receiving suggestions with regard to the following strategies:

- 1) To prevent crime from occurring in the first place;
- 2) To solve crime when it occurs;
- 3) To strengthen the criminal justice system; and
- 4) To reduce criminal recidivism.

Contact: Mr. Pat Harris, Staff Leader to Subcommittee, Department of Criminal Justice Services, 805 East Broad Street, Richmond, VA 23219, telephone (804) 786-8467.

Criminal Justice/Law Enforcement Subcommittee

† **September 28, 1992 - 10 a.m.** – Open Meeting
Clarendon Building, 2100 North Clarendon Road, Third Floor Board Room, Arlington, Virginia. ☒ Interpreter for deaf provided by request.

The Criminal Justice/Law Enforcement Subcommittee will hold a meeting and public hearing in Arlington, Virginia. The public hearing should begin at 2 p.m. The commission will be receiving suggestions with regard to the following strategies:

- 1) To prevent crime from occurring in the first place;
- 2) To solve crime when it occurs;
- 3) To strengthen the criminal justice system; and
- 4) To reduce criminal recidivism.

Contact: Jerry Connor, Staff Leader to Subcommittee, Virginia State Police, 7700 Midlothian Turnpike, Richmond, VA 23261, telephone (804) 674-2021.

Inmate Productivity Subcommittee

† **October 13, 1992 - 10 a.m.** – Open Meeting
Roanoke City Council Chambers, 215 Church Avenue, S.W., Fourth Floor, Municipal Building, Roanoke, Virginia. ☒ Interpreter for deaf provided by request.

The Inmate Productivity Subcommittee will hold a meeting and public hearing at the Roanoke City Council Chambers. The public hearing should begin at 2 p.m. The commission will be receiving suggestions with regard to the following strategies:

- 1) To prevent crime from occurring in the first place;

Calendar of Events

- 2) To solve crime when it occurs;
- 3) To strengthen the criminal justice system; and
- 4) To reduce criminal recidivism.

Contact: Mr. Kirk Showalter, Staff Leader to Subcommittee, Department of Planning and Budget, Room 513, 200-202 North Ninth Street Office Building, Richmond, VA 23219, telephone (804) 786-7551.

October 21, 1992 - 10 a.m. – Open Meeting
General Assembly Building, 9th Floor, West Conference Room, Richmond, Virginia. ☒

Open meetings and mini-public hearings.

Contact: Kris Ragan, Special Assistant to the Secretary of Public Safety and the Governor's Commission on Violent Crime, Office of the Governor, telephone (804) 786-5351 or (804) 786-7765/TDD ☒



DEPARTMENT OF HEALTH (STATE BOARD OF)

September 28, 1992 - 1 p.m. – Public Hearing
Meeting Room D, James Monroe Building, Richmond, Virginia.

September 30, 1992 - 1 p.m. – Public Hearing
Roanoke City Council Chambers, Roanoke, Virginia.

October 23, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to amend regulations entitled: **VR 355-18-000. Waterworks Regulations: Total Coliform and Surface Water Treatment.** These amendments incorporate the Federal Total Coliform Rule and Surface Water Treatment Rule into the Virginia Waterworks Regulations. The Virginia Department of Health is the delegated state agency for primary enforcement authority (primacy) for the Federal Safe Drinking Water Act and must meet certain United States Environmental Protection Agency (USEPA) mandates to retain this authority. The purpose of these regulations is to retain primacy by adopting regulations as stringent as the federal regulations for total coliforms and surface water treatment. These regulations, which are amendments to the existing Waterworks Regulations and which incorporate the federal Total Coliform Rule (TCR) and Surface Water

Treatment Rule (SWTR), will conform the state regulations to federal regulations and should avoid duplicate enforcement action by the USEPA in Virginia under federal law.

Statutory Authority: §§ 32.1-12 and 32.1-170 of the Code of Virginia.

Written comments may be submitted until October 23, 1992, to Allen R. Hammer, Director, DWSE, 1500 East Main Street, Room 109, Richmond, VA 23218.

Contact: Robert B. Taylor, Technical Service Administrator, 1500 E. Main St., Room 109, Richmond, VA 23218, telephone (804) 786-5566.

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September 22, 1992 - 10 a.m. – Public Hearing
Virginia Highlands Community College, Auditorium, Room 605, 140 Jonesboro Road, Abingdon, Virginia.

September 29, 1992 - 7 p.m. – Public Hearing
Tidewater Community College, Portsmouth Campus (formerly Frederick Campus), Theatre Room 222, State Route 135/I664, 7000 College Drive, Portsmouth, Virginia.

October 7, 1992 - 7 p.m. – Public Hearing
Augusta County Government Center, Board of Supervisors Meeting Room, 4801 Lee Highway, Verona, Virginia.

October 22, 1992 - 7 p.m. – Public Hearing
Spotsylvania County Courthouse, Board of Supervisor's Room, Spotsylvania, Virginia.

October 27, 1992 - 7 p.m. – Public Hearing
South Boston City Council Chambers, South Boston, Virginia.

November 9, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to adopt regulations entitled: **VR 355-18-014. Waterworks Operation Fee.** The purpose of this proposed regulation is to assess an annual operations fee (not to exceed \$160,000) on the owners of waterworks. The amount of the fee is based on the number of persons served, number of connections, or the classification of the waterworks. The revenue generated by this regulation will supplement funding to implement the 1986 amendments to the federal Safe Drinking Water Act (SWDA) and will be deposited into the Waterworks Technical Assistance Fund established in the state treasury by § 32.1-171.1 B.

Statutory Authority: §§ 32.1-70 and 32.1-71.1 of the Code of Virginia.

Contact: Thomas B. Gray, P.E., Special Projects Manager,

Calendar of Events

Division of Water Supply Engineering, 1500 E. Main St., Suite 109, Richmond, VA 23219, telephone (804) 786-5566.

DEPARTMENT OF HEALTH PROFESSIONS (BOARD OF)

Administration and Budget Committee

† **October 5, 1992 - 3 p.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Conference Room 2, Richmond, Virginia. ☒

A planning meeting for the committee.

Contact: Richard D. Morrison, Executive Director, 1601 Rolling Hills Drive, Richmond, VA 23229, telephone (804) 662-9904 or (804) 662-7197/TDD ☎ .

Regulatory Research Committee

† **October 6, 1992 - 9 a.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Conference Room 2, Richmond, Virginia. ☒

The Committee will review draft reports on the following studies:

- Review of Need for Board of Chiropractic House Joint Resolution No. 26
- Review of Need for Certification of Mental Health Services to Sexual Assault Victims and Offenders (Senate Joint Resolution No. 41)
- Continuing Education and Infectious Diseases (Senate Joint Resolution 111)

An agenda is available on request.

Contact: Richard D. Morrison, Executive Director, 1601 Rolling Hills Drive, Richmond, VA 23229, telephone (804) 662-9904 or (804) 662-7197/TDD ☎ .

VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

September 22, 1992 - 9:30 a.m. – Open Meeting
October 27, 1992 - 9:30 a.m. – Open Meeting
† **November 24, 1992 - 9:30 a.m.** – Open Meeting
Blue Cross/Blue Shield of Virginia, 2015 Staples Mill Road, Virginia Room, Richmond, Virginia. ☒

A regular monthly meeting.

Contact: Kim Schulte Barnes, Information Officer, 805 E. Broad St., 6th Floor, Richmond, VA 23219, telephone (804) 786-6371/TDD ☎

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† **November 20, 1992** – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14.7.1

of the Code of Virginia that the Virginia Health Services Cost Review Council intends to **repeal regulations entitled VR 370-01-000, Public Participation Guidelines and adopt regulations entitled: VR 370-01-000:1. Public Participation Guidelines.** This action repeals existing regulations and enacts new Public Participation Guidelines for soliciting the input of interested parties in the formation and development of regulations.

STATEMENT

Basis and authority: Section 9-6.14.7.1 of the Code of Virginia requires that each agency shall develop Public Participation Guidelines for soliciting the input of interested parties in the formation and development of its regulations. Those guidelines are to be developed, adopted, and utilized by each agency pursuant to the provisions of the Administrative Process Act.

Section 9-164 (2) of the Code of Virginia also provides that the council shall “from time to time make such rules and regulations as may be necessary to carry out its responsibilities.

Summary: The proposed changes to the Public Participation Guidelines for the Virginia Health Services Cost Review Council will allow all interested persons and organizations to receive adequate notice prior to the initiation of the promulgation of any regulation adopted by the council. It will also allow for adequate participation of those organizations as the adoption process moves through the various phases required in Virginia’s Administrative Process Act.

Analysis: The council last adopted public participation guidelines in 1984. Since that time, nursing homes have been brought within the responsibility of the council and many other substantive changes have taken place which require that these guidelines now be amended and updated.

Estimated impact: The proposed changes will ensure that those persons and entities interested in the operations and workings of the Virginia Health Services Cost Review Council will receive accurate and updated information concerning the development of regulations. There will be no additional impact on various health care institutions which report to the Council.

Statutory Authority: §§ 9-6.14.7:1 and 9-164 (2) of the Code of Virginia.

Contact: John A. Rupp, Executive Director, 805 E. Broad Street, Sixth Floor, Richmond, VA 23219, telephone (804) 786-6371.

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November 21, 1992 – Written comments may be submitted through this date.

† **November 24, 1992 - 1 p.m.** – Public Hearing
Blue Cross/Blue Shield of Virginia, 2015 Staples Mill Road,
Richmond, Virginia.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Health Services Cost Review Council intends to amend regulations entitled: **VR 370-01-001. The Rules and Regulations of the Virginia Health Services Cost Review Council.** The purpose of the proposed action is to clarify the definition of "charity care" as utilized in the analysis of the various filings submitted by health care institutions.

STATEMENT

Basis and authority: Section 9-158 (A) of the Code of Virginia requires that "the council shall establish by regulation a uniform set of financial reporting by which health care institutions shall report their revenues, expenses, other income, other outlays, assets, liabilities, units of service, and related statistics.

Section 9-164 (2) of the Code of Virginia also provides that the council shall "from time to time make such rules and regulations as may be necessary to carry out its responsibilities."

Summary: The proposed change to the definition of "charity care" would ensure that the definition utilized by Virginia Health Services Cost Review Council and the definition utilized by the Indigent Health Care Trust Fund Program operated by the Department of Medical Assistance Services would be consistent. This is beneficial in that much of the fiscal information utilized by the Virginia Indigent Health Care Trust Fund is provided by the council to the Department of Medical Assistance Services as it determines Trust Fund allocations to hospitals each year. The Virginia Health Services Cost Review Council therefore adopted a proposed regulation for public comment that would ensure that a clarifying definition of "charity care" would be placed in the definition portion of the council's regulations that is consistent with the Department of Medical Assistance Services' statutory definition of "charity care."

Analysis: The definition of "charity care" as utilized in the analysis of the various findings submitted by health care institutions to the council is inconsistent with definition of "charity care" that is utilized by the Virginia Indigent Health Care Trust Fund program operated by the Department of Medical Assistance Services. The latter definition is provided for by § 32.1-332 of the Code of Virginia.

Estimated impact: The proposed change would ensure that the definition of "charity care" for these two programs would be consistent. However, staff and the Virginia Health Services Cost Review Council realized that the adoption of the proposed regulation may seriously impact the format and content of the information filed with the

council.

Forms: There will be no new forms needed to implement this regulatory change.

Assurance: Representatives from the hospital and nursing home industry who serve on the council were among those who supported this proposed change when it was adopted at the council's August 1992 meeting. Staff of the council will work closely with the Virginia Hospital Association, the Virginia Health Care Association, and the Virginia Non-Profit Homes for the Aging during the public comment period. In addition, a public hearing on this issue will be held in November 1992. Each of the organizations listed above will be notified of that public hearing.

Statutory Authority: §§ 9-158 (A) and 9-164 (2) of the Code of Virginia.

Contact: John A. Rupp, Executive Director, 805 East Broad Street, Sixth Floor, Richmond, VA 23219, telephone (804) 786-6371.

BOARD FOR HEARING AID SPECIALISTS

September 21, 1992 - 8:30 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street,
Richmond, Virginia. ☎

An open meeting to (i) administer examinations to eligible candidates; (ii) review enforcement cases, and (iii) consider other matters which may require board action.

Contact: Geralde W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534.

DEPARTMENT OF HISTORIC RESOURCES (BOARD OF)

September 30, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Historic Resources intends to adopt regulations entitled: **VR 392-01-01. Public Participation Guidelines.** The purpose of the proposed action is to adopt Public Participation Guidelines that establish, in regulation, various provisions to ensure that interested persons have the necessary information to comment on regulatory actions in a meaningful fashion in all phases of the regulatory process and establish guidelines that are consistent with those of other agencies within the Natural Resources Secretariat.

Statutory Authority: §§ 9-6.14:7.1 and 10.1-2202 of the Code of Virginia.

Calendar of Events

Contact: H. Bryan Mitchell, Deputy Director, Department of Historic Resources, 221 Governor St., Richmond, VA 23219, telephone (804) 786-3143.

Board of Historic Resources

September 30, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Historic Resources intends to adopt regulations entitled: **VR 390-01-01. Public Participation Guidelines.** The purpose of the proposed action is to adopt Public Participation Guidelines that establish, in regulation, various provisions to ensure that interested persons have the necessary information to comment on regulatory actions in a meaningful fashion in all phases of the regulatory process and establish guidelines that are consistent with those of other agencies within the Natural Resources Secretariat.

Statutory Authority: §§ 9-6.14:7.1 and 10.1-2205 of the Code of Virginia.

Contact: H. Bryan Mitchell, Deputy Director, Department of Historic Resources, 221 Governor St., Richmond, VA 23219, telephone (804) 786-3143.

HOPEWELL INDUSTRIAL SAFETY COUNCIL

October 6, 1992 - 9 a.m. – Open Meeting
Hopewell Community Center, Second and City Point Road, Hopewell, Virginia. ☒ (Interpreter for deaf provided upon request)

Local Emergency Preparedness Committee Meeting on Emergency Preparedness as required by SARA Title III.

Contact: Robert Brown, Emergency Service Coordinator, 300 N. Main St., Hopewell, VA 23860, telephone (804) 541-2298.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

October 12, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Housing and Community Development intends to amend regulations entitled **VR 394-01-02. Virginia Certification Standards for Building and Amusement Device Inspectors, Blasters and Tradesmen.** Proposed amendments to the standard deal specifically with the certification of blasters and proposes to divide the certification into two categories, restricted and unrestricted. A restricted

blaster is limited to conducting blasting operations involving five pounds of explosives or less per shot with instantaneous blasting caps. The proposed changes would permit the applicant for certification as a restricted blaster to utilize a competency test commensurate with that type of blasting operation instead of the comprehensive test previously required for all blasters. The applicant for the restricted certification would also have to meet experience requirements by working under a certified or restricted blaster for at least one year.

Statutory Authority: §§ 27-97 and 36-137 of the Code of Virginia.

Written comments may be submitted until October 12, 1992, to the Code Development Office, Department of Housing and Community Development, 501 North 2nd Street, Richmond, VA 23219-1312.

Contact: Carolyn Williams, Building Code Supervisor, Jackson Center, 501 N. 2nd St., Richmond, VA 23219-1312, telephone (804) 371-7150.

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October 12, 1992 – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Housing and Community Development intends to amend regulations entitled **VR 394-01-04. Virginia Amusement Device Regulations.** The proposed amendments to this regulation are a result of statutory changes made during the 1991 session of the General Assembly and a review of public comment submitted to the Board of Housing and Community Development since the effective date of the 1990 edition of the regulation. The definition of "kiddie ride" is proposed to be split into Types A and B to differentiate between those rides that require partial or complete reassembly and those which require little or none. A definition of "passenger tramway" was added to be consistent with new provisions in state law which includes passenger tramways as amusement devices. Section 400.1 of the regulation includes tramways within the scope of the regulation. A proposed change to § 1000.3(2) will limit the acceptability of a certificate of inspection for a ride moved from location to location only a Type A kiddie ride. Section 1100.1 is amended to require owners and operators of amusement rides to notify the locality immediately when an accident involving serious injury or fatality occurs, and new provisions in §§ 1100.3 and 1500.3 require action by the building official prior to resuming service and a new certificate of inspection to be issued after an accident. Appendix A, which lists the referenced standards, has a proposed change to include the ANSI B77.1-90 standard for use in inspecting passenger tramways.

Statutory Authority: §§ 36-98, 36-98.3 and 36-137 of the Code of Virginia.

Written comments may be submitted until October 12, 1992, to Code Development Office, Dept. of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219-1312.

Contact: Carolyn Williams, Building Code Supervisor, Jackson Center, 501 N. 2nd St., Richmond, VA 23219-1312, telephone (804) 371-7150.

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October 12, 1992 – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Housing and Community Development intends to amend regulations entitled VR 394-01-06. Virginia Statewide Fire Prevention Code/1990. The proposed amendments are to § F-102.0. A change to § F-102.1 requires a local governing body electing to locally enforce the SFPC to take official action to do so, and to provide notification by copy of the adopting ordinance or resolution to the State Fire Marshal's Office. The existing modification provision for the Public Building Safety Regulations will be deleted and replaced by a general modification section applicable to any provision of the regulation. A new requirement for documentation of the modification and making it part of the records of the enforcing agency are also included. These proposed changes are similar to provisions already contained in both Volume I and Volume II of the Uniform Statewide Building Code.

Statutory Authority: § 27-97 of the Code of Virginia.

Written comments may be submitted until October 12, 1992, to Code Development Office, Department of Housing and Community Development, 501 N. 2nd St., Richmond, Virginia 23219-1321.

Contact: Carolyn Williams, Building Code Supervisor, Jackson Center, 501 N. 2nd St., Richmond, VA 23219-1312, telephone (804) 371-7150.

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October 12, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Housing and Community Development intends to amend regulations entitled VR 394-01-21. Virginia Uniform Statewide Building Code, Volume I - New Construction Code/1990. The proposed amendments to this regulation are a result of statutory changes made during the 1991 and 1992 sessions of the General

Assembly and a review of public comment submitted to the Board of Housing and Community Development since the effective date of the 1990 edition of the regulation. Section 105.6 has been amended to contain more specific requirements for plans review response; § 112.3 is changed to require the building official to prosecute a person who has been served notices of violation for failure to obtain a construction permit three or more times within the same calendar year; § 112.4 sets the penalty for violations in accordance with the state law; an amendment to § 115.6 authorizes the building official to revoke a certificate of occupancy under certain conditions and §§ 120.1 and 120.3 add provisions by which certain structures deemed to be either unsafe buildings or public nuisances may be abated or removed. Changes to the BOCA and CABO Codes are proposed in Addenda 1 and 2 of the regulation including new definitions proposed to § 201.0 for family day care homes, small family day care homes, and public nuisances. A new § 309.4.1.1 is added to classify as Use Group R-3 family day care homes and small family day care homes licensed or registered by the Department of Social Services. A proposed exception to § 512.2 would exempt from handicapped accessibility requirements buildings used exclusively for religious or private club activities; and a new section 512.2.1 is added to specify accessible parking space identification requirements mandated by state law. Section 1300.4 identifies .06% by weight as the level of lead content in lead based paint not to be exceeded in new paint applications; amendments to §§ 2700.5 and R-220 require two-pair twisted wire cable to be used in prewiring for telephone jacks. Amendments to § P-1503.8 (Addendum 1) and P-2301 (Addendum 2) provide alternative standards for elective local enforcement where water conservation plumbing fixtures and fittings are necessary due to a lack of present or future water supply; and P-2206.8.2 is amended to add specific requirements for grinder pumps.

Statutory Authority: §§ 36-98, 36-99 and 36-102 of the Code of Virginia.

Written comments may be submitted until October 12, 1992, to Code Development Office, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219-1321.

Contact: Carolyn Williams, Building Code Supervisor, Jackson Center, 501 N. 2nd St., Richmond, VA 23219-1312, telephone (804) 371-7150.

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October 12, 1992 – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Housing and Community Development intends to

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amend regulations entitled VR 394-01-22. **Virginia Uniform Statewide Building Code, Volume II - Building Maintenance Code/1990.** The proposed amendments to this regulation are a result of statutory changes made during the 1991 and 1992 sessions of the General Assembly respond to a review of public comment submitted to the Board of Housing and Community Development since the effective date of the 1990 edition of the regulation. Section 101.4 is changed to clarify the application of the code to buildings built prior to the effective date of Volume I of the building code. Section 104.4 changes the violation penalty fee to reflect the change to state law; § 105.8 clarifies existing requirements for unsafe buildings and public nuisances; and § 109.5 requires that parking spaces reserved for persons with disabilities be properly identified by January 1, 1993, pursuant to state law. One change has been proposed to the BOCA National Property Maintenance Code in Addendum 1 of Volume II. Section PM-303.4 of BOCA has been amended to change the level of lead in lead based paint requiring abatement or removal in existing dwellings, child and day care centers from .06% to .5% by weight as recommended by the HUD Interim Guidelines for Hazard Identification and Abatement in Public and Indian Housing.

Statutory Authority: § 36-103 of the Code of Virginia.

Written comments may be submitted until October 12, 1992, to Code Development Office, Department of Housing and Community Development, 501 North 2nd Street, Richmond, VA 23219-1312.

Contact: Carolyn Williams, Building Code Supervisor, Jackson Center, 501 N. 2nd St., Richmond, VA 23210-1312, telephone (804) 371-7150.

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

September 23, 1992 - 1 p.m. - Open Meeting
Wintergreen Conference Center, Wintergreen, Virginia. ☒

A regular meeting of the Board of Commissioners to: (i) review and, if appropriate, approve the minutes from the prior monthly meeting; (ii) consider for approval and ratification mortgage loan commitments under its various programs; (iii) review the authority's operations for the prior month; and (iv) consider such other matters and take such other actions as they may deem appropriate. Various committees of the Board of Commissioners may also meet before or after the regular meeting and consider matters within their purview. The planned agenda of the meeting will be available at the offices of the authority one week prior to the date of the meeting.

Contact: J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere St., Richmond, VA 23220, telephone (804) 782-1986.

VIRGINIA INTERAGENCY COORDINATING COUNCIL (VICC) EARLY INTERVENTION

September 23, 1992 - 9 a.m. - Open Meeting
Henrico Area Mental Health and Retardation Services, 10299 Woodman Road, Conference Room C, Glen Allen, Virginia. (Interpreter for deaf provided upon request)

The Virginia Interagency Coordinating Council (VICC) according to PL 101-476, Part H early intervention program for disabled infants, toddlers and their families, is meeting to advise and assist the Department of Mental Health, Mental Retardation and Substance Abuse Services as lead agency to develop and implement a statewide interagency early intervention program.

Contact: Michael Fehl, Ed.D., Director MR Children Youth Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3710.

ADVISORY COMMISSION ON INTERGOVERNMENTAL RELATIONS

† October 19, 1992 - 1 p.m. - Open Meeting
Hampton, Virginia. (Meeting site will be announced later)

The regular meeting of the Advisory Commission on Intergovernmental Relations will be held in conjunction with the annual conference of the Virginia Municipal League.

Persons desiring to participate in the commission's meeting and requiring special accommodations or interpreter services should contact the commission's offices by October 9, 1992.

Contact: Robert H. Kirby, Secretary, 702 Eighth Street Office Building, Richmond, VA 23219, telephone (804) 786-6508 or (804) 786-1860/TDD ☎ .

DEPARTMENT OF LABOR AND INDUSTRY

September 22, 1992 - 7 p.m. - Open Meeting
Mary Bethune Office Complex, Public Meeting Room, 2nd Floor, North Ninth Street and Cowford Road, Halifax, Virginia.

The Virginia Department of Labor and Industry promulgated the "Virginia Regulation Governing the Employment of Minors on Farms, In Gardens and In Orchards" effective July 1, 1992. The Virginia Farm Bureau Federation has requested reconsideration of §§ 2 and 3 of the regulation, which prohibit minors under the age of 18 from employment in certain hazardous occupations, on the grounds that these provisions (i) have a substantial economic impact on farmers, and (ii) prevent minors from learning skills which would be helpful to them in the future.

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Notice is hereby given that the department solicits additional public comment on this issue in writing and at open meetings scheduled for this purpose. Written comments may be submitted at the meetings or separately. Please direct inquiries and written comments to Dennis G. Merrill, Director, Labor Law Division, Department of Labor and Industry, 13 S. Thirteenth Street, Richmond, Virginia 23219 (phone number 804-786-3224, fax number 804-371-6524), no later than Monday, September 21, 1992.

Comments are invited on the following issues:

1. Other than this regulation, what protections are available to insure the safety of minors working with hazardous equipment on farms?
2. In promulgating the regulation, the department relied on its understanding that there are approximately 1,000 to 3,000 minors employed on farms owned or operated by their parents or legal guardians. The department solicits different or additional information regarding the number of those 16 and 17 years of age.
3. What economic or other impact has this regulation had on farmers and farm operations?
4. What impact has this regulation had on minors aged 16 and 17 working on farms?
5. Do you support or oppose this regulation? What amendments, if any, do you recommend? For what reasons?

Contact: Dennis G. Merrill, Director, Labor Law Division, Department of Labor and Industry, 13 S. Thirteenth St., Richmond, VA 23219, telephone (804) 786-3224 or fax (804) 371-6524.

LIBRARY BOARD

November 13, 1992 - 10 a.m. – Open Meeting
The Virginia State Library and Archives, 3rd Floor, Supreme Court Room, 11th Street at Capitol Square, Richmond, Virginia. ☒

A meeting to discuss administrative matters of the Virginia State Library Archives.

Contact: Jean H. Taylor, Secretary to State Librarian, Virginia State Library and Archives, 11th St. at Capitol Square, Richmond, VA 23219, telephone (804) 786-2332.

LOCAL EMERGENCY PLANNING COMMITTEE - WINCHESTER

† **October 7, 1992 - 3 p.m. – Open Meeting**
Shawnee Fire Company, 2333 Roosevelt Boulevard,

Winchester, Virginia.

Local Emergency Planning meeting as required by SARA Title III.

Contact: L. A. Miller, Fire Chief, Winchester Fire and Rescue Department, 126 N. Cameron Street, Winchester, VA 22601, telephone (703) 662-2298.

COMMISSION OF LOCAL GOVERNMENT

September 29, 1992 - 10:45 a.m. – CANCELLED
Amherst County Circuit Court, Courtroom, 100 Court Square, Amherst, Virginia.

Oral presentation regarding Town of Amherst's proposed annexation of 6.4 square miles of territory in Amherst County has been cancelled.

September 29, 1992 - 7:30 p.m. – CANCELLED
Amherst Elementary School, 300 North Main Street, Amherst, Virginia.

Public hearing regarding Town of Amherst's proposed annexation of 6.4 square miles of territory in Amherst County has been cancelled.

September 30, 1992 - 9 a.m. – CANCELLED
General District Court, Courtroom, 102 Court Square, Amherst, Virginia.

Oral presentation regarding Town of Amherst's proposed annexation of 6.4 square miles of territory in Amherst County has been cancelled.

NOTE: CHANGE IN MEETING TIME AND LOCATION
September 30, 1992 - 12:30 p.m. – Open Meeting
State Capitol, House Room 1, Richmond, Virginia.

Regular meeting of the Commission on Local Government to consider such matters as may be presented. Persons desiring to participate in the Commission's proceedings and requiring special accommodations or interpreter services should contact the Commission's offices by Friday, September 18, 1992.

October 5, 1992 - 10:30 p.m. – Open Meeting
Purcellville Town Hall, 130 East Main Street, Purcellville, Virginia.

Oral presentations regarding Town of Purcellville - Loudon County Agreement Defining Annexation Rights. Persons desiring to participate in the Commission's proceedings and requiring special accommodations or interpreter services should contact the Commission's offices by Friday, September 25, 1992.

October 5, 1992 - 7:30 p.m. – Public Hearing
Purcellville Town Hall, 130 East Main Street, Purcellville,

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Virginia.

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Public hearing regarding Town of Purcellville - Loudoun County Agreement Defining Annexation Rights. Persons desiring to participate in the Commission's proceedings and requiring special accommodations or interpreter services should contact the Commission's offices by Friday, September 25, 1992.

October 9, 1992 - Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medical Assistance services intends to amend regulations entitled: **State Plan for Medical Assistance Relating to Disproportionate Share Adjustments for State Teaching Hospitals. VR 460-02-4.1910. Methods and Standards for Establishing Payment Rates-Inpatient Hospital Care.** The purpose of the proposed action is to promulgate permanent regulations on disproportionate share adjustments for state teaching hospitals. The amendments provide for two types of hospitals (state-owned teaching hospitals and all other hospitals), and vary the payment adjustment for disproportionate share hospitals by type of hospital.

Contact: Barbara Bingham, Administrative Assistant, 702 Eight Street Office Bldg., Richmond, VA 23219, telephone (804) 786-6508 or (804) 786-1860/TDD ☎

MARINE RESOURCES COMMISSION

† **October 27, 1992 - 9:30 a.m.** - Open Meeting
2600 Washington Avenue, 4th Floor, Room 403, Newport News, Virginia. ☒ (Interpreter for deaf provided upon request)

The commission will hear and decide marine environmental matters at 9:30 a.m.: permit applications for projects in wetlands, bottom lands, coastal primary sand dunes and beaches; appeals of local wetland board decisions; policy and regulatory issues.

The commission will hear and decide fishery management items: regulatory proposals, fishery management plans, fishery conservation issues, licensing, shellfish leasing.

Meetings are open to the public. Testimony is taken under oath from parties addressing agenda items on permits and licensing. Public comments are taken on resource matters, regulatory issues, and items scheduled for public hearing. The commission is empowered to promulgate regulations in the areas of marine environmental management and marine fishery management.

Contact: Cathy W. Everett, Secretary to the Commission, P.O. Box 756, Room 1006, Newport News, VA 23607, telephone (804) 247-8088, toll-free 1-800-541-4646 or (804) 247-2292/TDD ☎ .

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

September 30, 1992 - 9 a.m. - Open Meeting
600 East Broad Street, Suite 1300, Board Room, Richmond, Virginia. ☒

A meeting to discuss medical assistance services and issues pertinent to the board.

Contact: Patricia A. Sykes, Policy Analyst, 600 E. Board St., Richmond, VA 23219, telephone (804) 786-7958 or toll-free 1-800-343-0634/TDD ☎

Statutory Authority: § 32.1-325 of the Code of Virginia.

Written comments may be submitted until October 9, 1992, to William R. Blakely, Jr., Director, Division of Cost Settlement and Audit, DMAS, 600 E. Broad St., Suite 1300, Richmond, VA 23219.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

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† **November 20, 1992** - Written comments may be submitted through 4:30 p.m. on this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medical Assistance Services intends to adopt and amend regulations entitled: **VR 460-01-29.4, 460-01-70, 460-02-2.2100, 460-02-2.6100, 460-02-4.2230, 460-04-4.2230. Health Insurance Premium Payment Program (HIPP).** The purpose of this proposal is to implement the mandates of § 1906 of the Social Security Act to provide for (i) the identification of cases in which the enrollment of Medicaid recipients in group health plans is likely to be cost effective; (ii) the requirement that recipients in such cases enroll in the available group health plan as a condition of continued eligibility for Medicaid; (iii) the provision for payment of premiums and other cost-sharing obligations for items and services otherwise covered by Medicaid; and (iv) the treatment of the group health plan as a third party liability resource resulting, thereby, in such plans becoming primary sources of health care payments for the affected Medicaid recipients.

STATEMENT

Basis and authority: Section 32.1-324 of the Code of Virginia grants to the Director of the Department of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance in lieu of Board action pursuant to the Board's requirements. The Code also provides, in the Administrative Process Act (APA) § 9-6.14:9, for this agency's promulgation of proposed regulations subject to the Department of Planning and Budget's and Governor's reviews.

Congress added § 1906 to the Social Security Act (the Act) in the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) to mandate Medicaid's payment of group health insurance premiums for certain Medicaid eligible persons.

Summary and Analysis: This regulatory action adds several new federal preprinted pages to the State Plan for Medical Assistance as well as new Attachment 4.22-C. It also creates new state regulations VR 460-04-4.2230.

Prior to Congressional passage of the OBRA 90 mandate to provide for payment of group health premiums for Medicaid recipients, no such requirement existed in Title XIX of the Social Security Act. DMAS will review cases using the average expected Medicaid expenditures of each family member, the benefits and exclusions of group health plans, the administrative cost to the agency and the cost of employees' premiums for the group health plans. If payment of the cost of premiums is likely to be less than payment of Medicaid expenditures for the same services covered by the group health plan, then DMAS shall authorize such payments of premiums. Such authorization shall be redetermined by DMAS every six months and, will be effective as long as the case remains Medicaid eligible and enrollment in the group health plan is maintained. DMAS must determine that such group health plans are likely to be cost effective on an ongoing basis.

A group health plan is any plan of, or contributed to by, an employer (including a self-insured plan) which provides health care (directly or otherwise) to the employer's employees, former employees or the families of such employees, former employees and all of these groups' dependents consistent with the Act. These plans' coverages will be limited by the eligibility and enrollment restrictions which have been established by each employer.

If an employee does not enroll when first eligible for coverage, enrollment may be limited to an annual open enrollment period or the employer may require the individual to provide satisfactory evidence of insurability in order to enroll. Employees not already enrolled in group health plans when DMAS makes its cost effectiveness determinations will be requested to enroll as soon as possible. If the employee's enrollment is restricted to open enrollment periods, DMAS will require the employee to forward a completed application as evidence of their intent to cooperate. Failure to cooperate with this enrollment requirement or failure to provide information necessary for DMAS to determine the availability of a group health plan will be grounds for the termination of

Medicaid eligibility unless the employee can show good cause for failure to cooperate or unless the Medicaid recipient is unable to enroll on his own behalf (a dependent child of an employed parent, for example). Medicaid ineligibility will continue until the recipient enrolls in the group health plan or provides evidence of their intent to cooperate.

When recipients are enrolled in group health plans, such group health plans will become the primary source of health care benefits, up to the limit of their coverage, prior to the availability of Title XIX payment for health care services.

All individuals who are Medicaid eligible will be eligible for consideration in the HIPP program, except if they:

1. Are Medicaid eligible due to the "spend-down" provision;
2. Are only retroactively eligible for Medicaid;
3. Have a deduction from patient pay responsibility to cover insurance premiums;
4. Are a recipient-child whose parent is absent from the household and the parent is required by state law or court order to provide group health insurance coverage or payment of health care services; or
5. Are eligible for Medicare Part B but are not enrolled in Part B.

Individuals apply for medical assistance at local offices of the Department of Social Services (DSS) throughout the state. During the application process, individuals will provide information regarding family members who are employed, who have health insurance coverage, or who are legally responsible for the same. Individuals who are determined by DSS to be Medicaid eligible will be enrolled and their information on employment and insurance forwarded to the DMAS HIPP unit for its cost effectiveness determination. Recipients may be requested to provide information on past medical utilization, if necessary to make the cost effectiveness determination.

Recipients who are not enrolled in an available group health plan must enroll as a condition of their continued eligibility for Medicaid if DMAS determines it is cost effective to do so. DMAS will monitor enrollment, employment and insurance information which might affect a particular recipient's group health plan coverage, such as:

1. Recipients' employment changes;
2. Claims processed by Medicaid from providers indicating that the group health plan has not paid; and
3. Written verification of group health plan coverage with employers.

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Authorized premiums will be reimbursed by DMAS on a monthly basis. Reimbursements will become effective on the first day of the month following the month in which DMAS makes its cost effectiveness determination or the group health plan coverage becomes effective, whichever is later. Premium payments will end on the last day of the month in which either Medicaid eligibility ends, the recipient loses coverage in the group health plan, or DMAS determines that the group health plan is no longer cost effective, whichever is first.

DMAS is continuing to evaluate a further impact from the HIPP program in the area of applicant and recipient appeals. DMAS anticipates very low numbers of Medicaid eligibles may have their eligibility terminated due to their refusal to provide the required information, enroll in the most cost effective available group health plan, or signify their intention to enroll at the time permitted by the available group health plan. At this point in the program's development, the percentage of persons who may elect to appeal the denial cannot be predicted.

DMAS received no responses to its Notice of Intended Regulatory Action. However, during the development of some parallel legislation, the agency contacted several business interests for feedback related to the HIPP program.

Impact: This program will enhance Medicaid's cost avoidance abilities by capturing improved data on third party liability prior to making Medicaid expenditures. Title XIX expenditures will be reduced by the amount paid by employer group health insurance plans.

The program will be implemented in two localities effective February 1, 1993, and statewide implementation will begin when the new Third Party Liability (computer) Subsystem becomes operational (targeted for February 1, 1994). The following range of cost projections apply to the program's statewide application, based on the 1994 fiscal year.

During the first 12 months after statewide implementation, it is estimated that approximately 18,625 recipients will be eligible and that 3,994 cases will be approved for premium payments assuming an average case size of 1.89 persons. Administrative costs are estimated to be \$377,000 based on an average cost of \$50 per recipient.

The FY 94 General Fund impact is projected to be between \$800,000 savings and a \$1.1 million increased expenditures. A range is projected due to the uncertainty of premium cost assumptions and the exact mix of premium packages and the savings offset (benefits used by individuals).

Administratively, DMAS will make cost effectiveness determinations on approximately 18,625 recipients during the first 12 months. The cost effectiveness determinations will be an automated process using the Third Party Liability Subsystem. DMAS staff will collect the necessary

data and enter it into the subsystem. The subsystem will generate the cost effectiveness determinations. A unique HIPP code will be entered into the recipient's eligibility file indicating participation in the HIPP Program. Premium payments will be made on a monthly basis via the Third Party Liability Subsystem. It is estimated that approximately 3,994 premium checks per month will be generated after the program has been fully operational for 12 months.

Once DMAS identifies recipients who may be eligible for an employer's group health plan, DMAS will request, in writing, from the employer specific information on the group health plans available to the recipient. If the group health plan is determined to be cost effective, DMAS will make premium payments directly to employers on behalf of the recipient. In the absence of premium payments made directly to employers, payments will be made to the individual carrying the group health plan coverage. Projections regarding the number of employers that may be affected are not available.

Employers are impacted by this program as described above and may view the program as a measure to cost shift medical expenses from the public to private sector for those recipients who are not enrolled in the group health plan. Employers will experience an increase in the amount of insurance premiums collected as a result of recipients who are not enrolled but who do so as a result of this program.

Some employers may view the program as a beneficial service which enables them to provide health care coverage to employees who have been unable to afford the premiums and these recipients may experience an increased level of health and well being as a result of having health insurance coverage. Since many employer group health plans are insured, insurance companies may be impacted similarly.

Forms: The forms needed to administer the HIPP program will be as follows: All individuals applying for Medicaid will complete an Insurance Information Request Form to provide information on employment and health insurance coverage during the Medicaid application process at DSS. Some recipients may be requested to complete a Medical Utilization Questionnaire to provide information on past medical utilization which would be used by the agency during the cost effectiveness determination. There are three notification forms that DMAS may send to recipients: (1) Notice of Health Insurance Premium Payment; (2) Denial of Health Insurance Premium Payment; and (3) Cancellation of Health Insurance Premium Payment.

Employers must complete a Group Health Plan Verification Form to provide information on group health plan enrollment, benefits and exclusions and premium costs. If DMAS determines the plan to be cost effective, the employer will be requested to complete an Employer Agreement Form in which the employer agrees to accept payments directly from the agency on behalf of the

recipient.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Written comments may be submitted until November 20, 1992 at 4:30 p.m. to: C. Mack Brankley, Director, Division of Client Services, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

Contact: Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7933.

Drug Utilization Review Board

† **October 8, 1992 - 3 p.m.** – Open Meeting
† **November 5, 1992 - 3 p.m.** – Open Meeting
600 East Broad Street, Suite 1300, Richmond, Virginia.

A regular meeting of the DMAS DUR Board. Routine business will be conducted.

Contact: Carol D. Pugh, Pharm. D., Drug Utilization Review Program Consultant, Division of Quality Care Assurance, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-3820.

BOARD OF MEDICINE

October 1, 1992 - 8 a.m. – Open Meeting
October 2, 1992 - 8 a.m. – Open Meeting
October 3, 1992 - 8 a.m. – Open Meeting
October 4, 1992 - 8 a.m. – Open Meeting
Department of Health Professions, Board Room 1, 1601 Rolling Hills Drive, Richmond, Virginia. ☐

The full board will meet on Thursday, October 1, 1992, to conduct general board business, receive committee and board reports, and discuss any other items which may come before the board. The board will also meet on Thursday, Friday, Saturday, and Sunday, October 1, 2, 3, & 4, to review reports, interview licensees, and make case decisions on disciplinary matters. The President may entertain brief public comments at the beginning of the meeting.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9923.

Credentials Committee

† **October 17, 1992 - 8 a.m.** – Open Meeting
Brookfield Centre, 6606 West Broad Street, Richmond, Virginia.

A meeting to conduct general business, interview and

review medical credentials of applicants applying for licensure in Virginia, in open and executive session, and discuss any other items which may come before the committee.

Public comments will not be received.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9923.

Advisory Board on Physical Therapy

NOTE: CHANGE IN MEETING DATE

† **November 20, 1992 - 9 a.m.** – Open Meeting
Brookfield Centre, 6606 West Broad Street, Richmond, Virginia.

A meeting to (i) review the regulations, (ii) elect officers, (iii) review the licensure examinations, and (iv) receive other reports relating to the practice of physical therapy.

The Chairperson may entertain public comments at her pleasure.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9923.

Advisory Committee on Physician's Assistants

† **November 6, 1992 - 10 a.m.** – Open Meeting
Brookfield Centre, 6606 West Broad Street, Richmond, Virginia.

A meeting to review the regulations and adopt new regulations for prescriptive authority to prescribe certain Schedule VI controlled substances and devices. The Chairman may entertain public comments at his pleasure.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9923.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES (BOARD OF)

September 23, 1992 10 a.m. – Open Meeting
Harrisonburg-Rockingham CSB, Harrisonburg, Virginia. ☐

Regular monthly meeting. Agenda to be published on September 16th. Agenda can be obtained by calling Jane Helfrich. See below.

Tuesday: Informal Session - 8 p.m.

Wednesday: Committee Meetings - 9 a.m. Regular Session - 10 a.m.

Agenda to be published on Sept. 16 and can be obtained by calling Jane Helfrich. See agenda for

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location.

Contact: Jane V. Helfrich, Board Administrator, State MHMRSAS Board, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3921.

Prevention, Promotion Advisory Council

† **October 22, 1992 - 10 a.m.** – Open Meeting
Madison Building, Eighth Floor Conference Room, Richmond, Virginia.

A regularly scheduled business meeting.

Harriet Russell, Director, Office of Prevention, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-1530 or (804) 371-8977/TDD ☎ .

Virginia Council on Teen Pregnancy Prevention

† **November 5, 1992 - 10 a.m.** – Open Meeting
Blair Building, Conference Room A and B, 8007 Discovery Drive, Richmond, Virginia.

A regularly scheduled business meeting.

Harriet Russell, Director, Office of Prevention, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-1530 or (804) 371-8977/TDD ☎ .

MIDDLE VIRGINIA BOARD OF DIRECTORS AND THE MIDDLE VIRGINIA COMMUNITY CORRECTIONS RESOURCES BOARD

† **October 1, 1992 - 7 p.m.** – Open Meeting
† **November 5, 1992 - 7 p.m.** – Open Meeting
502 South Main Street #4, Culpeper, Virginia.

From 7 p.m. until 7:30 p.m. the Board of Directors will hold a business meeting to discuss DOC contract, budget, and other related business. Then the CCRB will meet to review cases before it for eligibility to participate with the program. It will review the previous month's operation (budget and program related business).

Contact: Lisa Ann Peacock, Program Director, 502 South Main Street #4, Culpeper, VA 22701, telephone (703) 825-4562.

DEPARTMENT OF MINES, MINERALS AND ENERGY

Division of Mineral Mining

† **October 6, 1992 - 7 p.m.** – Public Hearing
Accomack County Board of Supervisors Chambers, 23296 Courthouse Avenue, Accomac, Virginia. ☒

A public hearing will be held to receive comments and information regarding the Mineral Mining Permit Application of Parks Farms. The Permit Applicant proposes to mine sand from 4 acres located 1 mile Southeast of Gargatha; off Route 679, .2 miles Northeast of the intersection of Routes 679 and 680 in Accomack County, Virginia.

The Permit Application is available for review at the Division of Mineral Mining offices at 7705 Timberlake Road, Lynchburg, Virginia.

Contact: Conrad Spangler, Division Director, P.O. Box 4499, Lynchburg, VA 24502, telephone (804) 239-0602.

DEPARTMENT OF MOTOR VEHICLES

† **September 28, 1992 - 9 a.m.** – Public Hearing
Highland Community College, Learning Resources/Business Technology Building, Room 605, Abingdon, Virginia.

† **September 29, 1992 - 9 a.m.** – Public Hearing
Roanoke Airport Marriott Hotel, Roanoke, Virginia.

† **September 30, 1992 - 9 a.m.** – Public Hearing
James Madison University, Phillips Center, Harrisonburg, Virginia.

† **October 6, 1992 - 9 a.m.** – Public Hearing
Richmond War Memorial, Richmond, Virginia.

† **October 7, 1992 - 10 a.m.** – Public Hearing
Thomas Nelson Community College, Wythe Hall Room, Hampton, Virginia.

November 20, 1992 – Written comments may be submitted through 5 p.m. on this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Motor Vehicles intends to adopt regulations entitled: **VR 485-60-9202. Salvage Act Regulations.** The proposed regulation is to be used in the administration of the 1992 Salvage Act. The regulation will (i) provide additional definitions; (ii) allow exemptions from certain provisions of the Act under certain circumstances; (iii) furnish additional processing guidelines for individual entities; and (iv) further define departmental examination requirements.

STATEMENT

Basis: The proposed regulation is based on the 1992 Salvage Act, Chapter 16 (§ 46.2-1600 et seq.) of Title 46.2 of the Code of Virginia, which will become effective on January 1, 1993. The Department of Motor Vehicles possesses statutory authority to promulgate this regulation, as stated in § 46.2-203 of the Code of Virginia.

Purpose: The proposed regulation will be used by the Department of Motor Vehicles to clarify certain portions of

the 1992 Salvage Act regarding the requirements to be met by regulated entities. The existence of this regulation will assist both the regulated entities and the department in determining the intent of the Act.

Substance: The proposed regulation consists of supplemental definitions, clarifications and exemptions which will assist regulated entities in meeting the requirements of the 1992 Salvage Act.

Impact: The proposed regulation will impact insurance companies who insure motor vehicles; motor vehicle demolishers; motor vehicle rebuilders; salvage motor vehicle dealers; salvage motor vehicle pools; motor vehicle removal operators; and other members of the public who buy, sell, or otherwise transact business which involves a salvage motor vehicle.

The proposed regulation will have no impact on small businesses as defined in § 9199 of the Code of Virginia.

Statutory Authority: § 46.2-203 of the Code of Virginia.

Contact: L. Steve Stupasky, Project Manager, Department of Motor Vehicles, P.O. Box 27412, Richmond, VA 23269-0001, telephone (804) 367-1939.

BOARD OF NURSING

September 21, 1992 - 9 a.m. – Open Meeting
September 22, 1992 - 9 a.m. – Open Meeting
September 23, 1992 - 9 a.m. – Open Meeting
Department of Health Professions, Conference Room 1, 1601 Rolling Hills Drive, Richmond, Virginia. ☒ Interpreter for deaf provided upon request)

A regular meeting to consider (i) matters relating to nursing education programs; (ii) discipline of licensees, licensure by examination and (iii) endorsement and other matters under the jurisdiction of the board.

Public comment will be received during an open forum session beginning at 11 a.m. on Monday, September 21, 1992.

† **September 24, 1992 - 1 p.m. – Open Meeting**
† **October 1, 1992 - 9 a.m. – Open Meeting**
James Madison University, Warren Campus Center, Bluestone Drive, Masanutten Room, Harrisonburg, Virginia. ☒ Interpreter for deaf provided by request.

† **September 28, 1992 - 11 a.m. – Open Meeting**
Community Hospital of Roanoke Valley, Grey Room, Fourth Floor, 101 Elm Avenue, SE, Roanoke, Virginia. ☒ Interpreter for deaf provided by request.

† **September 29, 1992 - 10 a.m. – Open Meeting**
Virginia Alcoholic Beverage Control, Hearing Room, 501 Montgomery Street, Alexandria, Virginia. ☒ Interpreter for deaf provided by request.

† **October 6, 1992 - 10 a.m. – Open Meeting**
Virginia Alcoholic Beverage Board, 4907 W. Mercury Blvd., Hampton, Virginia.

Formal hearings conducted by a hearing officer with certificate holders.

Public comment will not be received.

† **September 30, 1992 - 10 a.m. – Open Meeting**
Virginia Alcoholic Beverage Control, Hearing Room, 501 Montgomery Street, Alexandria, Virginia. ☒ Interpreter for deaf provided by request.

Formal hearing conducted by a hearing officer with licensee.

Public comment will not be received.

Contact: Corinne F. Dorsey, R.N., Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9909 or (804) 662-7197/TDD ☎

Education Advisory Committee

† **October 13, 1992 - 10 a.m. – Open Meeting**
Department of Health Professions, Conference Room 3, 1601 Rolling Hills Drive, Richmond, Virginia. ☒ Interpreter for deaf provided by request.

The Education Advisory Committee will meet to consider matters related to educational programs approved by the Board of Nursing and make recommendations to the board as needed.

Public comments will be accepted at 1 p.m.

Contact: Corinne F. Dorsey, R.N., Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9909 or (804) 662-7197/TDD ☎

Special Conference Committee

† **October 2, 1992 - 8:30 a.m. – Open Meeting**
† **October 7, 1992 - 8:30 a.m. – Open Meeting**
† **October 8, 1992 - 8:30 a.m. – Open Meeting**
† **October 19, 1992 - 8:30 a.m. – Open Meeting**
Department of Health Professions, Conference Room 3, 1601 Rolling Hills Drive, Richmond, Virginia. ☒ Interpreter for deaf provided by request.

A Special Conference Committee, comprised of three members of the Virginia Board of Nursing, will conduct informal conferences with licensees to determine what, if any, action should be recommended to the Board of Nursing.

Public comment will not be received.

Contact: Corinne F. Dorsey, R.N., Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9909 or (804) 662-7197/TDD ☎

Calendar of Events

BOARD OF PHARMACY

October 23, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Pharmacy intends to amend regulations entitled: **VR 530-01-01. Virginia Board of Pharmacy Regulations**. The purpose of the proposed amendments is to promulgate regulations necessary (i) to implement legislation requiring (a) mandatory continuing education, (b) relicensure and regulation of wholesalers, (c) 30-day notification of pharmacy closing, and (ii) to establish and amend all related fees.

Statutory Authority: §§ 54.1-2400 of the Code of Virginia.

Contact: Scotti W. Milley, Executive Director, Virginia Board of Pharmacy, 1601 Rolling Hills Dr., Richmond, VA 32229, telephone (804) 662-9911.

POLYGRAPH EXAMINERS ADVISORY BOARD

September 22, 1992 - 10 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

The meeting is for the purpose of administering the Polygraph Examiners licensing examination to eligible polygraph examiner interns and to consider other matters which may require board action.

Contact: Geralde W. Morgan, Administrator, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8534.

BOARD FOR PROFESSIONAL SOIL SCIENTISTS

September 28, 1992 - 10 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

A general board meeting.

Contact: Nelle P. Hotchkiss, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595 or (804) 367-9753/TDD ☎

REAL ESTATE APPRAISER BOARD

† **October 13, 1992 - 10 a.m.** – Open Meeting
† **December 15, 1992 - 10 a.m.** – Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia.

A general business meeting.

Contact: Demetra Y. Kontos, Assistant Director, Real Estate Appraiser Board, Department of Commerce, 3600 West Broad Street, Richmond, Virginia 23230, telephone (804) 367-0500.

BOARD OF REHABILITATIVE SERVICES

September 23, 1992 - 10 a.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒

The board will receive department reports, consider regulatory matters and conduct the regular business of the board.

Contact: Susan L. Urofsky, Commissioner, 4901 Fitzhugh Ave., Richmond, VA 23230, telephone (804) 367-0318, toll free 1-800-552-5019/TDD ☎ and Voice or (804) 367-0280/TDD ☎

Legislation Committee

September 23, 1992 - 9 a.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒

General Assembly legislative update.

Contact: Susan L. Urofsky, Commissioner, 4901 Fitzhugh Ave., Richmond, VA 23230, telephone (804) 367-0318, toll free 1-800-552-5019/TDD ☎ and Voice or (804) 367-0280/TDD ☎

Program and Evaluation Committee

September 23, 1992 - 9 a.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒

Appropriate program information relative to General Assembly issues.

Contact: Susan L. Urofsky, Commissioner, 4901 Fitzhugh Ave., Richmond, VA 23230, telephone (804) 367-0318, toll free 1-800-552-5019/TDD ☎ and Voice or (804) 367-0280/TDD ☎

Finance Committee

September 23, 1992 - 9 a.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒

The committee will review monthly financial reports and budgetary projections.

Contact: Susan L. Urofsky, Commissioner, 4901 Fitzhugh Ave., Richmond, VA 23230, telephone (804) 367-0318, toll free 1-800-552-5019/TDD ☎ and Voice or (804) 367-0280/TDD ☎

Calendar of Events

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

† **October 14, 1992 - 9 a.m.** – Open Meeting

† **October 15, 1992 - 9 a.m. (if necessary)** – Open Meeting
Holiday Inn 1776, 725 Bypass Road, Williamsburg, Virginia.

Retreat, work session, and formal business meeting of the board.

Contact: Phyllis Sisk, Senior Staff Specialist, Department of Social Services, 8007 Discovery Drive, Richmond, VA 23229, telephone (804) 662-9236 or 1-800-552-7096/TDD ☎ .

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October 23, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Social Services intends to adopt regulations entitled: **VR 615-01-49. Aid to Families with Dependent Children (AFDC) Program - Disqualification for Intentional Program Violation.** The proposed regulation will impose a disqualification on an individual determined by court or pursuant to an administrative hearing to have committed an intentional program violation in the AFDC program.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Written comments may be submitted through October 23, 1992, to Mr. George Sheer, Chief, Bureau of Fraud and Special Investigations, 8007 Discovery Drive, Richmond, VA 23229-8699.

Contact: Peggy Friedenber, Legislative Analyst, 8007 Discovery Drive, Richmond, VA 23229-8699, telephone (804) 662-9217.

SPECIALIZED TRANSPORTATION COUNCIL

† **September 28, 1992 - 10 a.m.** – Open Meeting
House Room 4, Capitol Building, Richmond, Virginia.

Organizational meeting.

Contact: Bob Knox, Staff, 700 East Franklin Street, 10th Floor, Richmond, VA 23219, telephone (804) 225-3140, 1-800-552-4464 or (804) 225-2271/TDD ☎ .

BOARD OF VETERINARY MEDICINE

† **September 30, 1992 - 8:30 a.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia.

A board meeting to consider regulatory review and general board business.

† **October 1, 1992 - 9 a.m.** – Open Meeting
Comfort Inn Midtown, 3200 West Broad Street, Richmond, Virginia.

State board examination and informal conferences.

Contact: Terri H. Behr, Administrative Assistant, 1601 Rolling Hills Drive, Richmond, VA 23229, telephone (804) 662-9915 or (804) 662-7197/TDD ☎ .

VIRGINIA RACING COMMISSION

September 28, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Racing Commission intends to adopt regulations entitled: **VR 662-04-04. Virginia Breeders Fund.** The purpose of the proposed regulation is to establish the conditions under which the Virginia Breeders Funds shall be disbursed to Stallion owners, breeders and owners of racehorses.

Statutory Authority: § 59.1-369 of the Code of Virginia

Contact: William H. Anderson, Policy Analyst, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208, telephone (804) 371-7363.

DEPARTMENT FOR THE VISUALLY HANDICAPPED (BOARD FOR)

October 3, 1992 - 11 a.m. – Open meeting
Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. ☎ (Interpreter for deaf provided upon request)

Committee meets quarterly to advise the Virginia Board for the Department for the Visually Handicapped on matters related to services for blind and visually impaired citizens of the Commonwealth.

Contact: Barbara G. Tyson, Executive Secretary, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3140/TDD ☎ or toll-free 1-800-622-2155.

DEPARTMENT OF WASTE MANAGEMENT (VIRGINIA WASTE MANAGEMENT BOARD)

September 25, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Waste Management Board intends to amend regulations entitled: **VR 672-20-10. Solid Waste Management Regulations.** The Virginia Waste Management Board and the Director of the Department of Waste

Calendar of Events

Management propose to amend the Virginia Solid Waste Management Regulations (VR 672-20-10) to incorporate changes in the Virginia Waste Management Act enacted by the General Assembly, to bring Virginia regulations in compliance with the newly promulgated federal Criteria for Municipal Solid Waste Landfills (Part 258, Title 40, Code of Federal Regulations), and to reflect the department's experience with the administration of its regulations gained since 1988.

Statutory Authority: § 10.1-1402 of the Code of Virginia

Written comments may be submitted until September 25, 1992, to Wladimir Gulevich, Department of Waste Management, Monroe Building, 11th Floor, 101 N. 14th Street, Richmond, Virginia 23219.

Contact: Michael P. Murphy, Environmental Programs Manager, 11th Floor, Monroe Building, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-3237.

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September 25, 1992 – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Waste Management Board intends to amend regulations entitled: **VR 672-10-1, Virginia Hazardous Waste Management Regulations**. Since the adoption of Amendment 11 of the Virginia Hazardous Waste Management Regulations on March 7, 1991, with an effective date of July 1, 1991, the United States Environmental Protection Agency made a significant number of changes to its regulations. During the period from July 1, 1990 to June 30, 1991, EPA promulgated regulations dealing with wood preserving operations, industrial boilers and furnaces, and added a number of new listings. EPA also made a number of corrections to the toxicity characteristic rule and continued with its promulgation of land disposal requirements. These and other less far-reaching changes require prompt regulatory action by the Commonwealth. At the same time, the Commonwealth is also going back and incorporating a portion of the mining waste changes which were made by EPA in January 1990. Because of pending litigation, these changes were not incorporated into Amendment 11. Furthermore, because of a recent court decision, only a portion of these changes are proposed to be included in Amendment 12 at this time. Several of the changes included in proposed Amendment 12 are intended to make certain provisions no more stringent than their federal counterparts; these include changes regarding delistings, changes impacting upon "clean closures," the closed-loop recycling exclusion, transporter requirements, and notification requirements for minor permit modifications.

Statutory Authority: § 10.1-1402 of the Code of Virginia.

Contact: Karol A. Akers, Policy and Planning Manager, DWM, 101 N. 14th St., 11th Floor, Monroe Building, Richmond, VA 23219, telephone (804) 225-2966.

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September 29, 1992 - 9 a.m. – Tour

September 30, 1992 - 9 a.m. – Open Meeting

The Wayside Inn, 7783 Main Street, Middletown, Virginia. ☒

The board will tour Ogden Martin Incinerator at 9 a.m., 9898 Furnace Road, Lorton, Virginia and Avtex at 2 p.m., 1169 Kendrick Lane, Front Royal, Virginia.

September 29 - Tour only. No decisions will be made and no business will be discussed.

September 30 - General business meeting. Staff will seek approval to advertise and hold public hearings and public meetings on the Proposed Amendment 11 to Virginia Regulations Governing the Transportation of Hazardous Materials. The department will give a report on compliance and enforcement complaints. Staff will seek approval from the board to adopt the Public Participation Guidelines regulations (VR 672-01-1).

Contact: Loraine Williams, Executive Secretary, 101 N. 14th St., Monroe Bldg., 11th Floor, Richmond, VA 23219, telephone (804) 225-2998 or (804) 225-3753/TDD ☎

October 22, 1992 - 10 a.m. – Open Meeting

General Assembly Building, House Room C, 910 Capitol Street, Richmond, Virginia. ☒ (Interpreter for deaf provided upon request)

The department is holding an informational meeting on the proposed amendments to the Infectious Waste Management Regulations (VR 672-40-01).

Contact: Murphy P. Murphy, Environmental Program Manager, 11th Floor, Monroe Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 371-0044 or (804) 371-8737/TDD ☎

BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS

October 5, 1992 - 10 p.m. – Open Meeting

Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

A general board meeting.

Contact: Nelle P. Hotchkiss, Assistant Director, Virginia Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595 or (804) 367-9753/TDD ☎

STATE WATER CONTROL BOARD

October 19, 1992 - 1 p.m. – Open Meeting
Virginia War Memorial, 621 South Belvidere Street,
Richmond, Virginia. ☒

October 21, 1992 - 7 p.m. – Open Meeting
Tidewater Regional Office, 287 Pembroke Office Park,
Suite 310, Pembroke 5, Virginia Beach, Virginia.

October 23, 1992 - 1 p.m. – Open Meeting
County of Prince William Board Chambers, 1 County
Complex, McCourt Building, 4850 Davis Ford Road, Prince
William, Virginia.

October 26, 1992 - 10 a.m. – Open Meeting
Harrisonburg City Council Chambers, 345 South Main
Street, Harrisonburg, Virginia.

November 4, 1992 - 10 a.m. – Open Meeting
Roanoke County Administration Center Community Room,
3738 Brambleton Avenue, S.W., Roanoke, Virginia.

November 6, 1992 - 9 a.m. – Open Meeting
University of Virginia, Southwest Center, Classroom 1,
Highway 19 N., Abingdon, Virginia.

A meeting to receive views and comments and answer
questions of the public regarding VR 680-21-00 Water
Quality Standards.

Contact: Eleanore Daub, Office of Environmental
Research and Standards, State Water Control Board, P.O.
Box 11143, Richmond, VA 23230-1143, telephone (804)
527-5091.

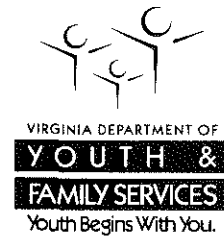
VIRGINIA COMMISSION ON YOUTH

October 21, 1992 - 1 p.m. – Public Hearing
Burruss Hall, Auditorium, Virginia Polytechnic Institute and
State University, Field Drive, Blacksburg, Virginia. ☒
(Interpreter for deaf provided upon request)

This is a public hearing to solicit testimony relating to
Juvenile Crime and Youth Prevention Programs. The
Juvenile Crime testimony will be used as part of the
study from HJR 36 on Serious Juvenile Offenders and
the Youth Prevention Programs testimony will be used
as background for the oversight of the Comprehensive
Services Act for At-Risk Youth and Families (HB 935
and SB 171). A separate time slot has been set aside
for each topic.

Juvenile Crime - 1 p.m. through 3 p.m.
Youth Prevention Programs - 4 p.m. through 6 p.m.

Contact: Nancy Ross, Executive Director, Commission on
Youth, General Assembly Bldg., 910 Capitol St., Suite 517B,
Richmond, VA 23219, telephone (804) 371-2481.



DEPARTMENT OF YOUTH AND FAMILY SERVICES (BOARD OF)

October 8, 1992 - 10 a.m. – Open Meeting
Department of Youth and Family Services, 700 Centre,
Richmond, Virginia.

A general business meeting of the board.

Contact: Don Carignan, Policy Coordinator, Department of
Youth and Family Services, P.O. Box 3AG, Richmond, VA
23208-1108, telephone (804) 371-0700.

State Management Team of the Comprehensive Services Act for At-Risk Youth and Families

September 24, 1992 - 9 a.m. – Open Meeting
Koger Center, Nelson Building, Suite 211, 1503 Santa Rosa
Road, Richmond, Virginia. ☒ (Interpreter for deaf
provided upon request)

October 8, 1992 - 9 a.m. – Open Meeting
Koger Center, Wythe Building, Conference Room B, 1604
Santa Rosa Road, Richmond, Virginia. ☒ (Interpreter for
deaf provided upon request)

October 22, 1992 - 9 a.m. – Open Meeting
Koger Center, Nelson Building, Suite 211, 1503 Santa Rosa
Road, Richmond, Virginia. ☒ (Interpreter for deaf
provided upon request)

A general business meeting to effect the
Comprehensive Services Act for At-Risk Youth and
Families. Please confirm meeting details before
planning to attend.

Contact: Dian McConnell, Director, Council on Community
Services for Youth and Families, Department of Youth and
Families, 700 Centre, 4th Floor, Richmond, VA 23219,
telephone (804) 371-0771.

LEGISLATIVE

JOINT SUBCOMMITTEE STUDYING ACQUIRED IMMUNODEFICIENCY SYNDROME - AIDS

September 25, 1992 - 10 a.m. – Open Meeting
General Assembly Building, House Room C, 910 Capitol
Street, Richmond, Virginia. ☒

Calendar of Events

An organizational meeting. (HJR 247)

Contact: Norma E. Szakal, Staff Attorney, Division of Legislative Services, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

SUBCOMMITTEE STUDYING BUSINESS LICENSE TAX ON NONPROFIT HOSPITALS, COLLEGES AND UNIVERSITIES

September 28, 1992 - 10 a.m. – Open Meeting
General Assembly Building, 6th Floor Conference Room, 910 Capitol Street, Richmond, Virginia. ☒

Initial meeting of the '92 interim for this continued study on possible imposition of business license tax on nonprofit establishments. (HJR 361)

Contact: Joan E. Putney, Staff Attorney, Division of Legislative Services, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

JOINT SUBCOMMITTEE STUDYING THE EFFECTIVENESS OF MANAGEMENT STRUCTURE OF THE DEPARTMENT OF GAME AND INLAND FISHERIES

† **October 8, 1992 - 10 a.m. – Open Meeting**
State Capitol, House Room 1, Richmond, Virginia.

The subcommittee will meet for an organizational meeting. (HJR 191)

Contact: Martin G. Farber, Research Associate, Division of Legislative Services, 910 Capitol Street, Richmond, VA 23219, telephone (804) 786-3591.

JOINT SUBCOMMITTEE STUDYING THE POSSIBILITY OF HAVING PUBLIC EMPLOYEES AND PRIVATE EMPLOYEES TEMPORARILY SWITCHING WORKPLACES

† **October 16, 1992 - 10 a.m. – Open Meeting**
General Assembly Building, House Room C, 910 Capitol Street, Richmond, Virginia.

The subcommittee will meet for the purpose of a work session. (HJR 205)

Contact: Edie Conley, Staff Attorney, Division of Legislative Services, 910 Capitol Street, Richmond, VA 23219, telephone (804) 786-3591.

JOINT SUBCOMMITTEE STUDYING USES OF CAMP PENDLETON

October 26, 1992 - 8:30 a.m. – Public Hearing

Building 427, Camp Pendleton, Virginia Beach, Virginia.

Subcommittee will have hearing followed by tour of property. (HJR 83)

Contact: Jeffrey F. Sharp, Staff Attorney, Division of Legislative Services, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

JOINT SUBCOMMITTEE STUDYING EROSION AND SEDIMENT CONTROL

September 24, 1992 - 2 p.m. – Open Meeting
Howard Johnson, Danville, Virginia.

The subcommittee will meet for the purpose of a business session and to hear comments and recommendations on erosion and sediment control. (HJR 178)

Business meeting - 2 p.m.
Public Hearing - 7 p.m.

Contact: Dawn Smith, Committee Operations, 9th and Broad Streets, Richmond, VA 23219, telephone (804) 786-7681 or Franklin Munyan, Staff Attorney, Division of Legislative Services, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

JOINT COMMISSION ON HEALTH CARE

September 22, 1992 - 10 a.m. – Open Meeting
General Assembly Building, Senate Room B, 910 Capitol Street, Richmond, Virginia. ☒

Open Meeting - Joint Commission on Health Care. (SB 501 and HB 1032)

Contact: John McE. Garrett, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-3838, or Lillian Raible, Staff Attorney, Division of Legislative Services, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

HOUSE OF DELEGATES COURTS OF JUSTICE SUBCOMMITTEE STUDYING TRIALS AND APPEALS OF CAPITAL CASES, PROCEDURAL SAFEGUARDS

October 14, 1992 - 10 a.m. – Open Meeting
General Assembly Building, House Room C, 910 Capitol Street, Richmond, Virginia. ☒

Third meeting of this subcommittee.

Contact: Oscar Brinson, Senior Attorney or Frank Ferguson, Manager, Jurisprudence Section, Division of Legislative Services, 2nd Floor, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

JOINT SUBCOMMITTEE STUDYING VIRGINIA PUBLIC PROCUREMENT ACT

September 24, 1992 - 1:30 p.m. – Open Meeting
General Assembly Building, House Room C, 910 Capitol Street, Richmond, Virginia. ☒

October 22, 1992 - 1:30 p.m. – Open Meeting
Virginia Polytechnic Institute and State University, Old Dominion Ballroom, Squires Center, Blacksburg, Virginia.

The subcommittee will hold its second and third meetings of the interim to receive testimony from agencies dealing with procurement.

Contact: Edie Conley, Staff Attorney, Division of Legislative Services, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

VIRGINIA CODE COMMISSION

October 20, 1992 - 3 p.m. – Open Meeting
October 21, 1992 - 9:30 a.m. – Open Meeting
October 22, 1992 - 9:30 a.m. – Open Meeting
Ramada Oceanside Conference Center, 57th Street and Oceanfront, Virginia Beach, Virginia.

The Commission will continue with its discussion of competitive negotiable bidding for the Code of Virginia and a proposed code of administrative regulations; complete its revision of Title 24.1; and other general business.

Contact: Joan W. Smith, Registrar of Regulations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591.

VIRGINIA COMMISSION ON YOUTH

September 22, 1992 - 1 p.m. – Public Hearing
Mary Washington College, 1301 College Avenue, Dodd Auditorium, Fredericksburg, Virginia. ☒ (Interpreter for deaf provided upon request)

A public hearing to solicit testimony relating to Juvenile Crime and Youth Prevention Programs. The Juvenile Crime testimony will be used as part of the study from HJR 36 on Serious Juvenile Offenders and the Youth Prevention Programs testimony will be used as background for the oversight of the Comprehensive Services Act for At-Risk Youth and Families (HB 935 and SB 171). A separate time slot has been set aside for each topic. The time slots are: 1 p.m.-3 p.m. Juvenile Crime and 4 p.m.-6 p.m. Youth Prevention Programs.

Contact: Mary Simmons, Staff Assistant, Commission on Youth, General Assembly Bldg., Suite 517 B, 910 Capitol St., Richmond, VA 23219, telephone (804) 371-2481.

CHRONOLOGICAL LIST

OPEN MEETINGS

September 21

Accountancy, Board for
† Rappahannock-Rapidan Division of Court Services Executive Board
Emergency Planning Committee, Local
- Prince William County, Manassas City, and Manassas Park
Hearing Aid Specialists, Board for
Nursing, Board of

September 22

Aging, Department for the
- Long-Term Care Ombudsman Program Advisory Council
Contractors, Board for
General Services, Department of
- Virginia Public Buildings Board
Health Care, Joint Commission on
Health Services Cost Review Council, Virginia
Housing Study Commission, Virginia
Labor and Industry, Department of
Polygraph Examiners Advisory Board
Nursing, Board of

September 23

† ASAP Policy Board – Central Virginia
Hazardous Materials Training Committee
Housing Development Authority, Virginia
Housing Study Commission, Virginia
Interagency Coordinating Council (VICC) Early Intervention, Virginia
Mental Health, Mental Retardation and Substance Abuse Services Board, State
Nursing, Board of
Rehabilitative Services, Board of
- Finance Committee
- Legislative Committee
- Program and Evaluation Committee

September 24

Agriculture and Consumer Services, Department of
- Virginia Pesticide Control Board
Chesapeake Bay Local Assistance Board
Contractors, Board for
- Recovery Fund Committee
† Criminal Justice Services Board
- Committee on Criminal Justice Information Systems
Emergency Planning Committee, Local - Fairfax County, City of Fairfax, and the Towns of Herndon and Vienna
† Nursing, Board of
Virginia Public Procurement Act, Joint Subcommittee Studying
Youth and Family Services, Department of
- State Management Team of the Comprehensive Services Act for At-Risk Youth and Families

Calendar of Events

September 25

Acquired Immunodeficiency Syndrome - AIDS, Joint Subcommittee Studying
Architects, Professional Engineers, Land Surveyors and Landscape Architects, Board of
- Virginia Board for Interior Designers

September 28

Alcoholic Beverage Control Board
† Barbers, Board for
Business License Tax on Nonprofit Hospitals, Colleges and Universities, Subcommittee Studying
Governor's Commission on Violent Crime
- Criminal Justice/Law Enforcement Subcommittee
† Nursing, Board of
Professional Soil Scientists, Board for
† Specialized Transportation Council

September 29

† Nursing, Board of

September 30

Agriculture and Consumer Services, Board of Compensation Board
† Chesapeake Bay Local Assistance Board
- Northern Area Review Committee
† Governor's Commission on Defense Conversion and Economic Adjustment
Local Government, Commission on
Medical Assistance Services, Department of (Board of)
† Nursing, Board of
† Veterinary Medicine, Board of
Waste Management, Department of (Virginia Waste Management Board)

October 1

Governor's Commission on Violent Crime
- Crime Prevention Subcommittee
Medicine, Board of
† Middle Virginia Board of Directors and the Middle Virginia Community Corrections Resources Board
† Nursing, Board of
Emergency Planning Committee, Local - Chesterfield County
† Veterinary Medicine, Board of

October 2

Medicine, Board of

October 3

Medicine, Board of
Visually Handicapped, Department for the (Board for)

October 4

Medicine, Board of

October 5

† Air Pollution Control, Department of (State Board)
† Health Professions, Department (Board of)
- Administration and Budget Committee
Local Government, Commission on

Waste Management Facility Operators, Board for

October 6

† Health Professions, Department of (Board of)
- Regulatory Research Committee
Hopewell Industrial Safety Council
Innovative Technology (CIT) Review Committee,
Center for
† Mines, Minerals and Energy, Department of
- Division of Mineral Mining
† Nursing, Board of

October 7

† Emergency Planning Committee, Local
Environment, Council on the
Goose Creek Scenic River Advisory Board
† Nursing, Board of

October 8

† Game and Inland Fisheries, Board of
† Game and Inland Fisheries, Joint Subcommittee Studying the Effectiveness of Management Structure of the Department of
† Medical Assistance Services, Department of
- Drug Utilization Review (DUR) Board
† Nursing, Board of
Youth and Family Services, Board of
Youth and Family Services, Department of
- State Management Team of the Comprehensive Services Act for At-Risk Youth and Families

October 9

Dentistry, Board of
Geology, Board for

October 13

Governor's Commission on Violent Crime
- Inmate Productivity Subcommittee
† Nursing, Board of
- Education Advisory Committee
† Real Estate Appraiser Board

October 14

Alcoholic Beverage Control Board
† Contractors, Board for
† Social Services, Board of
Trials and Appeals of Capital Cases, Procedural Safeguards, House of Delegates Courts of Justice Subcommittee Studying

October 15

† Agriculture and Consumer Services, Department of (State Board)
- Pesticide Control Board
† Social Services, Board of

October 16

† Agriculture and Consumer Services, Department of (State Board)
- Pesticide Control Board
† Conservation and Recreation, Department of

Calendar of Events

- Falls of the James Scenic River Advisory Board
- † Game and Inland Fisheries, Board of
- † Possibility of Having Public Employees and Private Employees Temporarily Switching Workplaces, Joint Subcommittee Studying

October 17

- † Game and Inland Fisheries, Board of
- † Medicine, Board of
 - Credentials Committee

October 19

- † Intergovernmental Relations, Advisory Commission on
- † Cosmetology, Board for
- † Nursing, Board of
- Water Control Board, State

October 20

- † Code Commission, Virginia

October 21

- Code Commission, Virginia
- Governor's Commission on Violent Crime
 - Inmate Productivity Subcommittee
- † Virginia Employment Commission
 - State Advisory Board
- Water Control Board, State

October 22

- † Mental Health, Mental Retardation and Substance Abuse Services, Department of (State Board)
 - Prevention, Promotion Advisory Council
- Code Commission, Virginia
- Virginia Public Procurement Act, Joint Subcommittee Studying
- Waste Management, Department of (Virginia Waste Management Board)
- Youth and Family Services, Department of
 - State Management Team of the Comprehensive Services Act for At-Risk Youth and Families

October 23

- Water Control Board, State

October 26

- Alcoholic Beverage Control Board
- Commerce, Board of
- Water Control Board, State

October 27

- Health Services Cost Review Council, Virginia
- † Marine Resources Commission

October 29

- † Chesapeake Bay Local Assistance Board
- Emergency Response Council, Virginia

November 4

- Water Control Board, State

November 5

- Emergency Planning Committee, Local - Chesterfield County
- † Medical Assistance Services, Department of
 - Drug Utilization Review (DUR) Board
- † Mental Health, Mental Retardation and Substance Abuse Services, Department of (State Board)
 - Council on Teen Pregnancy Prevention
- † Middle Virginia Board of Directors and the Middle Virginia Community Corrections Resources Board

November 6

- Medicine, Board of
 - Advisory Committee on Physician's Assistant
- Water Control Board, State

November 13

- Library Board

November 20

- Medicine, Board of
 - Advisory Board of Physical Therapy

November 23

- † Cosmetology, Board for

November 24

- † Health Services Cost Review Council, Virginia

December 3

- † Chesapeake Bay Local Assistance Board
- Emergency Planning Committee, Local - Chesterfield County

December 15

- † Real Estate Appraiser Board

PUBLIC HEARINGS

September 22

- Health, State Board of
- Youth, Virginia Commission on

September 28

- Health, State Board of
- † Motor Vehicles, Department of

September 29

- Health, State Board of
- † Motor Vehicles, Department of

September 30

- Agriculture and Consumer Services, Board of
- † Governor's Commission on Defense Conversion and Economic Adjustment
- Health, State Board of
- † Motor Vehicles, Department of

Calendar of Events

October 1

† Air Pollution Control, Department of

October 5

Local Government, Commission on

October 6

† Motor Vehicles, Department of

October 7

Health, State Board of

† Motor Vehicles, Department of

October 21

Youth, Virginia Commission on

October 22

Health, State Board of

October 26

Uses of Camp Pendleton, Joint Subcommittee Studying

October 27

Health, State Board of

October 28

Alcoholic Beverage Control, Board of

November 18

† Corrections, Department of (State Board)

November 24

† Health Services Cost Review Council, Virginia